Gorton Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 11 February 2016 at Gorton Medical Centre. Overall the practice is rated as requiring improvement. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed appropriately. For example, risks in relation to lone working, carrying blood samples and health and safety risks.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.
- There was no system to monitor and audit the traceability of the prescription paper used in the practice.
- The recruitment arrangements did not include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Baring Service (DBS) check when appropriate.
- 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.
- The practice was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The policies were not consistent with current guidance and staff did not always have access to all relevant policies and procedures.

Areas of outstanding practice:

Summary of findings

- The practice was working to actively support and mange people living in care and nursing homes to avoid unplanned admissions into hospital. A lead GP conducted a ward round type visit in the local care home.

The areas where the provider Must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Baring Service (DBS) check when appropriate, such as when staff engaged in 1:1 contact with patients.
- staff are acting as chaperones. This includes checks and records for locum GPs.
- Ensure that all staff are provided with the relevant induction and training to carry out their role and responsibilities, for example, safeguarding training.
- Ensure all staff receive supervision and appraisal within appropriate timescales and all staff files are monitored regularly.
- Ensure there is a system to monitor and audit the traceability of the prescription paper used in the practice.
- Ensure the premises are risk assessed to ensure they are sufficient to meet the needs of the patients, especially around compliance with the disability discrimination act (DDA).

The areas where the provider should make improvements are:

- Review and update policies to ensure that practice is consistent with current guidance and ensure all staff have access to all relevant policies and procedures.
- Staff should have access to job descriptions to ensure they are aware of the roles and responsibilities they have.
- More routine staff meetings should be available and any learning should be shared with all staff groups.
- Respond to feedback sought from all sources including the national GP patient survey and information from the NHS Choices website.
- Ensure the practice business strategy is up to date and fit for purpose.
- Assign a lead person for the QOF data and for other performance measures.
- Conduct annual infection control audits.
- Ensure a thorough review of risks is undertaken with appropriate mitigating actions. For example, risks in relation to lone working, carrying blood samples and health and safety risks.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were not always assessed appropriately. For example, risks in relation to lone working, carrying blood samples and health and safety risks.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.
- There was no system to monitor and audit the traceability of the prescription paper used in the practice.
- The recruitment arrangements did not include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Baring Service (DBS) check when appropriate.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- All staff did not have the relevant induction and training to carry out their role and responsibilities, for example, safeguarding training. All staff had not received supervision and appraisal within appropriate timescales.
- There was no lead to ensure the QOF data was monitored effectively.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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.

Summary of findings

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

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it difficult to make some appointments, especially on the day urgent appointments.
- The practice facilities did not meet the needs of the patients. The building was not fit for purpose. The practice did not have sufficient space and flexibility for the current number of patients being treated and was in need of expansion due to an increase in the local population.
- 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 not always shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement 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 this.
- There was a clear leadership structure and staff felt supported by management.
- The practice 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The policies were not consistent with current guidance and staff did not always have access to all relevant policies and procedures.
- Staff meetings were not routine.
- The practice did not respond to feedback from all sources including the national GP patient survey and information from the NHS Choices website.

Summary of findings

- The practice business strategy was not up to date nor fit for purpose.

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

Requires improvement

The practice is rated as requires improvement for the safety, effective, responsive and for well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. However:

- 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

Requires improvement

The practice is rated as requires improvement for the safety, effective, responsive and for well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2014/15 showed that performance for the diabetes related indicators was below the national average for all five indicators:
  - 92.52% of patients with diabetes had received an influenza immunisation compared to the national average of 94.45%.
  - A record of foot examination was present for 88.04% compared to the national average of 88.3%.
  - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 64.38% compared to the national average of 78.03%.
  - Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 71.35% compared to the national average of 80.53%.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 67.44% compared to the national average of 77.54%.
- Longer appointments and home visits were available when needed.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the safety, effective, responsive and for well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. However:

- 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.
- The practice's uptake for the cervical screening programme was 67.2% (March 2015), which was above the CCG average of 65.4% but below the national average of 74.3%.
- 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)

Requires improvement

The practice is rated as requires improvement for the safety, effective, responsive and for well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. However:

- 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.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the safety, effective, responsive and for well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. However:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the safety, effective, responsive and for well-led domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. However:

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing mostly below the local and national averages (291 survey forms were distributed and 119 (41%) were returned). This represented 1.4% of the practice's patient list.

- 50% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 54% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards of which eight were positive about the standard of care received and praised the efficiency of the reception staff as well as the dignity, support and care given by the clinical staff. The remaining six comment cards contained negative comments around areas such as patients not being able to see their named GP and long waiting times for urgent appointments as well as one identifying some negative reception staff attitude.

We spoke with three patients during the inspection. These patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, they stated they were not always able to get appointments when they needed them that the building was small with not enough space, especially for mothers with prams or those in wheelchairs.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Baring Service (DBS) check when appropriate, such as when staff engaged in 1:1 contact with patients.
- staff are acting as chaperones. This includes checks and records for locum GPs.
- Ensure that all staff are provided with the relevant induction and training to carry out their role and responsibilities, for example, safeguarding training.
- Ensure all staff receive supervision and appraisal within appropriate timescales and all staff files are monitored regularly.
- Ensure there is a system to monitor and audit the traceability of the prescription paper used in the practice.
- Ensure the premises are risk assessed to ensure they are sufficient to meet the needs of the patients, especially around compliance with the disability discrimination act (DDA).

Action the service SHOULD take to improve

- Review and update policies to ensure that practice is consistent with current guidance and ensure all staff have access to all relevant policies and procedures.
- Staff should have access to job descriptions to ensure they are aware of the roles and responsibilities they have.
- More routine staff meetings should be available and any learning should be shared with all staff groups.
- Respond to feedback sought from all sources including the national GP patient survey and information from the NHS Choices website.
- Ensure the practice business strategy is up to date and fit for purpose.
- Assign a lead person for the QOF data and for other performance measures.

Summary of findings

- Conduct annual infection control audits.
- Ensure a thorough review of risks is undertaken with appropriate mitigating actions. For example, risks in relation to lone working, carrying blood samples and health and safety risks.

Outstanding practice

- The practice was working to actively support and mange people living in care and nursing homes to avoid unplanned admissions into hospital. A lead GP conducted a ward round type visit in the local care home.

Gorton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Gorton Medical Centre

Gorton Medical Centre is based in Gorton, Manchester. It is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has 8261 patients. The practice provides services under a General Medical Services contract, with NHS England .

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 74 years for males and 79 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were generally similar to the average GP practice in England. There were a higher number of female patients aged 25 to 35 years of age and a higher number of children aged zero to nine years old.

The practice had a higher percentage (8%) of its population claiming disability allowance than the England average (5%).

The service is within a double storey older building. The ground floor of the building is not easily accessible to pushchairs and wheelchairs. There is a toilet with access for wheelchair users, which also has a baby-changing unit. There is no parking available for patients. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors. Three GP consulting rooms are situated up a steep set of stairs on the first floor.

There are three GP partners, two salaried GPs, a practice manager, an IT administrator, a nurse, two healthcare assistants; as well as a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.

The practice is open Mondays to Fridays from 8am to 6pm with no appointments or telephone services between midday and 1pm. In addition to pre-bookable appointments that can be booked up to a month in advance, urgent appointments are also available for people that need them such as young children or the elderly. Some appointments can be booked online and home visits and telephone consultation services are also available. Out of hours cover is provided by the NHS 111 service and patients can access the local walk in centre at Manchester Royal Infirmary.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 11 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, the IT administrator, a nurse, a healthcare assistant as well as a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.
- Observed how patients were being spoken with and dealt with by the practice staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. However, there was no audit trail to demonstrate the action that was taken to stop reoccurrence.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and procedures in place to keep patients safe and safeguarded from abuse; however, these were not always clearly defined and embedded. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP member for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but the training records showed some staff had not received training in safeguarding since 2010 and the last training sessions were conducted in 2013. The GPs could not evidence they were trained to Safeguarding level 3 which is their required level of training.
- 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, but there was no liaison with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but staff had not received up to date training. Annual infection control audits were not undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Vaccines were stored appropriately and in date.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- Prescription paper and pads were stored in a secure area and accessible to all staff. There was no system to record and audit the serial numbers of the prescription pads or prescription paper. All the rooms were accessed by practice staff as well as cleaning staff which meant the practice could not account for any that may be misplaced or may go missing.
- Systems were 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.
- A notice in the waiting room advised patients that chaperones were available if required, but they were not displayed in the consulting rooms. The staff who acted as chaperones had received no formally recorded training. Staff who acted as chaperones had not always received a Disclosure and Barring Service check (DBS check) upon commencing employment (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).
- We reviewed seven personnel files and found appropriate recruitment checks had not always been conducted. The files had missing items such as

references, qualifications, interview summaries, DBS checks, application forms and the personnel files for the GPs were not complete as the GPs kept some information, such as DBS checks, at home.

Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available with a poster on display which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor 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 that enough staff were on duty. Staff at the practice told us there were not sufficient numbers of GPs and nurses, due to the shortage of space.
- Some staff, such as the GPs and the nurse, conducted off site visits to people's homes and other premises. Staff weren't aware of the policies or procedures to ensure the risks were mitigated in case of emergencies and there was no lone working policy in place.
- The nurse collected blood from the patients she visited at home. Once collected, the container was not always labelled appropriately with the correct hazard labels and there was no access to a blood spillage kit.

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.
- The practice had a defibrillator, oxygen cylinders with adult and children's masks and 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The GPs told us they had attended basic life support (BLS) training, however, records showed staff in the practice had last received BLS training in 2013.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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 (2014/2015) were 65.1% of the total number of points available, with 3.1% clinical exception reporting (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).

Data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average for all five indicators:
  - 92.52% of patients with diabetes had received an influenza immunisation compared to the national average of 94.45%.
  - A record of foot examination was present for 88.04% compared to the national average of 88.3%.
  - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 64.38% compared to the national average of 78.03%.
  - Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 71.35% compared to the national average of 80.53%.
  - The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months was 67.44% compared to the national average of 77.54%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 66.73%, compared to the national average of 83.65%.
- Performance for mental health related indicators was variable when compared to national averages. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 62.02% compared to the national average of 88.47%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 80.65% compared to the national average of 84.01%.

Overall, the QOF performance was poor. The practice employed an IT administrator to oversee and identify opportunities to improve data quality within the practice, however, there was no dedicated leadership or management support to use the data to inform improvements in the delivery of care to patients.

Clinical audits

- We were shown two clinical audits completed in the last two years, both of these were full audit cycles where the improvements made were implemented and monitored. We reviewed an audit for behavioural and psychological symptoms in dementia and found good practice was shared as a result. We also reviewed an audit of people who did not attend (DNA) appointments where the practice had reduced the DNA rate from 825 patients to 264 patients not attending appointments.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. Working with local commissioners the practice had taken action to bring about a reduction in unplanned admissions.

Effective staffing

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

- Newly appointed staff did not always receive an induction and the practice could not demonstrate how

Requires improvement

Are services effective?

(for example, treatment is effective)

they ensured role-specific training and updates for staff. There were no records of staff competency where staff had been supervised or trained to carry out tasks such as immunisations.

- Staff confirmed they were not given protected learning time to enable them to complete training.
- The learning needs of some staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, not all staff had received an appraisal in the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness, however, the records were not completed and information was not organised.
- There were no records for locum GP checks and the practice staff could not provide a locum induction pack.

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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The team met regularly for MDT discussions around palliative care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice also offered services for people who needed travel vaccinations, sexual health advice and immunisation advice.

- The practice's uptake for the cervical screening programme was 67.2% (March 2015), which was above the CCG average of 65.4% but below the national average of 74.3%.
- Patients did not always have access to appropriate health assessments and checks. The practice had insufficient space to allow for the employment of an additional nurse to allow dedicated capacity for chronic disease reviews.

Good

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.

Eight of the 14 comment cards were positive about the standard of care received and praised the efficiency of the reception staff as well as the dignity, support and care given by the clinical staff. One patient stated they felt the reception staff spoke rudely with them. We spoke with three patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice results were in line with the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 84%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 82% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 74% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer and we saw written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them at their convenience. The GPs supported patients who chose to die at home with adequate palliative support from the district nurses.

Requires improvement

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 was within a double storey older building. The ground floor of the building was not easily accessible to pushchairs and wheelchairs. We noticed patients with prams struggle to enter through the doorway. There was a toilet with access for wheelchair users, which also had a baby-changing unit.
- There was no lift for people with mobility issues. Three GP consulting rooms were situated up a steep set of stairs on the first floor. We saw two patients with mobility issues struggle to walk up the steep stairs.
- If someone with mobility issues asked for a specific GP, then the GP would try to use a consulting room on the lower ground floor. We noted the consulting rooms were cramped. The practice may wish to conduct an audit to confirm if they complied with the disability discrimination act.
- There was a nurses room downstairs and a healthcare assistants room based in a converted broom cupboard.
- The practice did not have sufficient space and flexibility for the current number of patients being treated and was in need of expansion due to an increase in the local population.
- There were no parking facilities available for patients.
- The partners expressed a willingness to expand the support they provided to their patients however they did not have the space to offer additional clinics.
- The practice was working with the local care and nursing homes on a routine basis. The GPs were signposted to any patients who required follow up to avoid unplanned admissions to hospitals.
- Longer appointments were available for people with a learning disability and for those with caring responsibilities. Home visits and telephone consultations were available for older patients / patients who would benefit from these. Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open Mondays to Fridays from 8am to 6pm with no appointments or telephone services between midday and 1pm. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that needed them such as young children or the elderly. Appointments were bookable online and home visits and telephone consultation services were also available. Patients could express a preference for a particular doctor, however, if that doctor was not available, especially if booking an urgent appointment, an appointment with another doctor was offered. Out of hours cover was provided by the NHS 111 service and patients could access the local walk in centres at Manchester Royal Infirmary.

Results from the national GP patient survey (January 2016) showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 50% of patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 56% of patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

On the day of the inspection, patients told us they were not always able to get appointments when they needed them and sometimes getting an appointment with their named GP was difficult. The practice staff were aware of the access issues but had not implemented anything such as monitoring peak calling times to adjust the staff rota to provide additional cover during these times.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and there was a

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

designated responsible person who handled all complaints in the practice. Information was available to help patients understand the complaints system in the form of patient leaflets. Staff confirmed they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure.

However, the staff could not confirm the number of complaints they had received and there were no clear records. We looked at three of the complaints and found they had been acknowledged, but the investigation and response was not met within the appropriate timeframes. Staff could not recall whether lessons from the concerns and complaints were shared with them and the action taken as a result to improve the quality of care was not always clear.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice staff described a clear vision to deliver high quality care and promote good outcomes for patients. The GP described how the staff aimed to provide a safe and effective service whilst treating patients with respect and dignity in a safe and friendly environment.

The practice had an overall focus to deliver consistent, friendly and patient centred care and staff knew and understood these values.

The practice had a business plan in place but there was no formal succession planning to account for the senior GP who had retired the previous year and for the upcoming retirement of the practice manager. The main challenge for the practice was the lack of space which did not allow the practice to expand and to recruit more clinical staff.

Governance arrangements

The overarching governance framework did not always support the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however, staff were not always aware of these and there was no access to the electronic clinical or practice policies.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.
- There was no leadership in the understanding of the performance of the practice.
- Staff told us the practice did not hold regular team meetings. Evidence showed clinical meetings were infrequent and without any structure.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were poor and not embedded.

Leadership and culture

The partners had the experience, capacity and capability to run the practice and ensure high quality care was delivered. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice at times encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The GPs had an open door policy. Staff said they felt well supported at work and could approach them if they had any problems.
- The national GP patient survey published in July 2015 and January 2016 contained some areas for improvement such as access to the surgery via the phone. The practice had not reviewed the areas requiring improvement and actions in place to rectify them.
- The staff did not monitor comments published on the NHS Choices page by their patients and did not actively gather feedback from patients via surveys and complaints received.

Continuous improvement

Are services well-led?

Requires improvement

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

There was some focus on continuous learning and improvement within the practice.

- The practice was working with the local care and nursing homes on a routine basis. The GPs were signposted to any patients who required follow up to avoid unplanned admissions to hospitals.
- The practice had recently introduced an active case manager to support better chronic disease management for the housebound and at the surgery.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the registered person did not assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks. This was in breach of regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person did not have effective systems and processes in place, including the required practice specific policies and procedures in order to effectively manage and ensure the governance of the practice. We found the registered person did not operate an effective system to provide support, training, professional development, supervision and appraisal as necessary to enable staff to carry out the duties they are employed to perform. This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (RA) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered person did not operate an effective recruitment system. The information required in Schedule 3 was not held for all staff and Disclosure

This section is primarily information for the provider

Requirement notices

and Barring Service (DBS) checks had not been carried out for all appropriate staff. This was in breach of regulation 19(1)(a)(b)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.