

Saddleworth Medical 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saddleworth Medical Practice on 12 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were usually assessed and well managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were comparable to the national average. Regular audit cycles were carried out.
- Patients said they were treated with compassion, dignity and respect.

- Some patients said that appointments were difficult to access, but most said they could access an appointment in an emergency.
- Information about services at the practice and locally was available.
- There was an established patient participation group (PPG) that met regularly and provided support for the practice and patients.

We saw some areas of outstanding practice:

- The practice had a youth worker (a member of the patient participation group) who attended the local high school to speak to patients about healthcare needs. This included explaining what services were available, and ensuring young people understood their right to a confidential consultation where appropriate. This made the service more accessible to the wider population.
- The practice had a very active PPG that was integrated in the practice and the community. They

Summary of findings

had set up a carers' group offering companionship, advice and trips to carers and those they cared for, and the group met in a local venue away from the practice. The PPG was active in keeping patients very well informed, and in arranging for other services to visit the practice and the area. This was particularly helpful as the practice was in a rural community and some services were several miles away.

- When a patient was receiving end of life care GPs supported them during evenings and weekends to provide continuity of care. They provided families with their mobile telephone numbers. Most partners lived within the practice boundaries.

The areas where the provider must make improvements are:

- The provider must ensure that all appropriate pre-employment checks are completed, and regular checks of professional registration are carried out.

In addition the provider should:

- Display a warning sign on the door of rooms containing oxygen cylinders.
- Put in place a system to ensure checks such as for fire extinguishers are carried out at the correct intervals.
- Put a system in place to record all complaints, including verbal complaints. All responses should be recorded. Patients should be informed what action they could take if they were not happy with how their complaint had been handled.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for recording significant events. However, there was no system for analysing significant events to ensure they had not been repeated.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed, and with the exception of recruitment checks were usually well-managed. However, fire extinguisher checks were overdue at both the Uppermill and Delph surgeries. The practice provided evidence that these checks had been booked for both surgeries. The practice owned the Delph surgery but it was the responsibility of the landlord to arrange checks at Uppermill.
- The majority of recruitment checks were carried out. However, a full work history including an explanation of gaps in employment was not available for all newly recruited staff, and reasons for leaving previous employment had not been given for all appropriate staff. There was no process to check clinicians had on-going registration with the appropriate professional body.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 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.
- When a patient was receiving end of life care GPs supported them during evenings and weekends to provide continuity of care. They provided families with their mobile telephone numbers. Most partners lived within the practice boundaries.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Home visits were available and these were well-organised. This was important because the practice covered a large geographical area so it could take up to 40 minutes to travel to some locations within the practice boundaries.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had employed a clinical pharmacist who ran a minor ailment clinic.
- The practice had employed a community matron who was able to carry out home visits, reviewing care plans for elderly patients or those in nursing and residential homes.
- Patients could get information about how to complain in a format they could understand. However, the complaints policy was not being followed. For example verbal complaints were not recorded and information about contacting the Parliamentary and Health Service Ombudsman (PHSO) was not usually included in written responses given to patients.

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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older person 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.
- The practice had employed a community matron who was able to carry out additional home visits and keep care plans up to date.

Good



People with long term conditions

The practice is rated as good.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A clinical pharmacist had been employed and they were able to carry out medicine reviews.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were at or above average for all standard childhood immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's youth worker attended the local high school to speak to young people about the services they could access at the practice.

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 offered some early and late appointments, and telephone consultations were available.
- The practice was involved in NHS health checks, although the actual check was carried out at a nearby venue.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered 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.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff were Dementia Friends.
- There was a dementia champion on the patient participation group who arranged for information to be disseminated to patients and services to visit the area.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 126 were returned. This was a 53% completion rate, representing 0.9% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which all contained positive comments about the standard of care received. Patients commented that staff were polite and helpful and GPs explained everything in detail. Three patients commented that it was sometimes difficult to access appointments at the Uppermill surgery.

We spoke with 11 patients during the inspection, including two members of the patient participation group (PPG). Overall patients said they were very happy with the service and care they received. Some patients said they found it difficult to see their preferred GP, but patients said they could usually access an appointment when they needed one.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that all appropriate pre-employment checks are completed, and regular checks of professional registration are carried out.

Action the service **SHOULD** take to improve

- The provider should display a warning sign on the door of rooms containing oxygen cylinders.

- The provider should put in place a system to ensure checks such as for fire extinguishers are carried out at the correct intervals.
- The provider should put a system in place to record all complaints, including verbal complaints. All responses should be recorded. Patients should be informed what action they could take if they were not happy with how their complaint had been handled.

Outstanding practice

- The practice had a youth worker (a member of the patient participation group) who attended the local high school to speak to patients about healthcare needs. This included explaining what services were available, and ensuring young people understood their right to a confidential consultation where appropriate. This made the service more accessible to the wider population.
- The practice had a very active PPG that was integrated in the practice and the community. They had set up a carers' group offering companionship, advice and trips to carers and those they cared for, and the group met in a local venue away from the practice. The PPG was active in keeping patients very

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well informed, and in arranging for other services to visit the practice and the area. This was particularly helpful as the practice was in a rural community and some services were several miles away.

- When a patient was receiving end of life care GPs supported them during evenings and weekends to provide continuity of care. They provided families with their mobile telephone numbers. Most partners lived within the practice boundaries.

Saddleworth Medical 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, a practice manager specialist adviser and an Expert by Experience.

Background to Saddleworth Medical Practice

Saddleworth Medical Centre is located to the east of Oldham, approximately eight miles from the town centre. The area covers over 50% of the area of Oldham Metropolitan Borough. It is a rural area and comprises of several villages and hamlets.

Saddleworth Medical Practice has a main surgery in Uppermill, and a small branch surgery at Delph. Patients are able to book appointments at whichever surgery is most convenient.

The Delph Surgery is owned by the practice and was purpose built in 2014. It is opened during the morning Monday to Friday, and also on Friday afternoons. There is one receptionist/facilities manager based at Delph and other staff, including GPs and practice nurses, work between the two surgeries. The surgery is fully accessible to patients with mobility difficulties, but there is limited parking in the area.

The Uppermill Surgery is owned by NHS Property Services. This is also fully accessible, and there is a car park available. The surgery is 8am until 7.30pm on Mondays,

7.30am until 6.30pm Tuesdays to Thursdays and 8am until 6.30pm on Fridays. Actual appointment times are 8.15am until 10.40am and 3pm until 7.30pm on Mondays, 7.30am until 10.40am and 3pm until 5.40pm on Tuesdays and Thursdays, 8.15pm until 10.40am and 3pm until 5.40pm on Wednesdays and Fridays.

There are five GP partners (one female and four male) and four salaried GPs (all female). There are also four practice nurses, two healthcare assistants and a phlebotomist. The practice had recently employed a clinical pharmacist and a community matron. There was a practice manager and several administration and reception staff.

At the time of our inspection there were 14,349 patients registered with the practice. The practice is overseen by NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under a Personal Medical Services (PMS) contract. The proportion of patients registered in the 40 to 79 age group is slightly higher than the national average, there are slightly fewer than average patients in the 20 to 39 age group. People in the area have a higher than average life expectancy and they live in the least deprived decile.

There is an out of hours service available provided by a registered provider, Go to Doc.

Unless otherwise stated, all comments refer to how the practice as a whole, at both surgeries, is run.

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

Detailed findings

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 12 May 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurses, the healthcare assistant, the practice manager and reception and administrative staff.
- Spoke with patients and members of the patient participation group (PPG).
- Observed how patients were being dealt with at the reception desk.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed documents including policies, personnel information and risk assessments.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- All the staff, including non-clinical staff, knew the process for reporting significant events. They told us the practice had a blame free culture and they were supported if things went wrong. Significant events were reflected on in the weekly management meetings and the monthly practice meetings. Nursing staff told us they received information about significant events by email so they would be aware of any issues.
- 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.
- Although significant events were discussed in meetings, this was not usually with the whole practice. Significant events were not analysed over a period of time following the event to ensure there had been no repeat. The practice manager told us they would include a review date on the significant event template.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared among the staff involved and action was taken to improve safety in the practice. For example, we saw that following an overnight power cut the fridge temperatures had gone above the safe temperature for some vaccinations. Vaccinations had been administered prior to the temperature check. Systems were put in place to formalise the temperature checking process and also record the times temperatures were checked. All necessary action had been taken.

Overview of safety systems and processes

With the exception of recruitment procedures, the practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff acted as chaperones and they had all 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. The infection control lead had received aseptic non-touch technique (ANTT) training and this had been cascaded to other clinical staff in the practice. 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 practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed nine personnel files, including files for four staff members who had started work in the previous 12

Are services safe?

months and one for a staff member who had not yet started but who had a conditional job offer. Proof of identification was held for all staff and DBS checks had also been carried out. References were requested and checked prior to staff starting work. The recruitment policy had recently been updated to include that DBS checks would be repeated every three years. Where required these DBS updated checks had been applied for. Although during the recruitment process the practice obtained evidence that GPs and practice nurses were registered with the appropriate body, these checks were not repeated annually to ensure clinicians were still on the appropriate register. The practice asked for job applicants to provide an employment history. Interview notes did not show that applicants had been asked about gaps in their employment or for reasons they had left previous employment

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments at both surgeries and carried out regular fire drills. Fire extinguisher checks at both surgeries were overdue but we saw evidence they had been booked. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- 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.
- The practice had a defibrillator available on the premises (at Uppermill and Delph surgeries) and oxygen with adult and children's masks. However, there was no sign on the door at the Uppermill surgery to alert people that oxygen was stored in the room. Staff told us it had been removed when redecoration had taken place but it had not been replaced. 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.
- Fire safety training had been carried out by all staff.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Updates were discussed at monthly meetings.

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 98.4% of the total number of points available.

This practice had one QOF outlier for the number of Ibuprofen and Naproxen items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed (01/07/2014 to 30/06/2015). The practice value was 56.71%, compared to the clinical commissioning group (CCG) value of 73.43% and the national value of 76.77%. We saw that the practice was aware of this and the work of a recently recruited clinical pharmacist was starting to bring the figure more in line with the CCG and national average.

Data from 2014-15 showed:

- Performance for diabetes related indicators was 96.7%. This was better than the local average of 81.8% and the national average of 89.2%.
- Performance for mental health related indicators was 95.3%. This was better than the local average of 91.7% and the national average of 92.8%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audit cycles carried out in the last two years. These included an audit on the use

of a medicine used for neuropathic pain and an audit on post procedure infection relating to minor surgery and joint injections. We saw evidence of improvements made being implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

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

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- 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 when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- A youth worker who was a member of the patient participation group (PPG) attended the local high school

on behalf of the practice to speak to children about health services. During these visits they told children about their rights to privacy and how they could access healthcare confidentially.

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 service.
- A health trainer offered advice to patients on diet and smoking cessation. This service was provided at a local library.

The practice's uptake for the cervical screening programme was 80.86%, which was comparable to the CCG average of 81.94% and the national average of 81.83%. If a patient did not attend their cervical screening test it was usual for a member of the reception team to telephone them. On occasions practice nurses also did this, and cervical smear tests were sometimes offered opportunistically if a patient attended the practice.

Childhood immunisation rates for the vaccinations given were above average and we saw evidence that figures were consistently at 90%.

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. However, due to the commissioning of the service the practice was involved in inviting patients for the health checks, which were carried out by another provider at a nearby venue.

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

We spoke to 11 patients, including two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language, although this was rarely required. The practice arranged sign language interpreters for patients who were deaf.

A youth worker who was a member of the patient participation group (PPG) had a good relationship with the local high school. They attended the school to speak to the children and emphasise they could attend the practice for

Are services caring?

confidential advice. They had found that young people were sometimes apprehensive about attending due to them living in a small community and staff living close by. There was no nearby pregnancy or contraception advisory service and the practice felt it was important for young people to know they could access treatment or advice at their local surgery.

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. All staff had trained as Dementia Friends.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 258 patients as carers (1.8% of the practice list). In addition to being able to signpost carers to other organisations, the PPG had set up Saddleworth Carers Group in 2009. The group, including carers and those they cared for, met at a local venue twice a month. As well as being a place to meet others, advice sessions were arranged and trips were organised.

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 open until 7.30pm every Monday, and from 7.30am Tuesday to Thursday, to make it easier for patients who worked to access appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. The practice was also a yellow fever centre.
- The practice was fully accessible for patients with mobility difficulties.
- Translation services were available but were not often required. British sign language interpreters were also available.
- The practice had employed a clinical pharmacist who ran a minor ailments clinic. This meant that patients did not need to wait for a GP appointment if they required treatment for ailments such as eye infections, fungal infections, coughs and colds and hay fever.
- The practice had employed a community matron who was able to carry out a lot of home visits previously carried out by GPs. They visited care homes and elderly patients to review care plans.

Access to the service

The practice at Uppermill was open 8am until 7.30pm on Mondays, 7.30am until 6.30pm Tuesdays to Thursdays and 8am until 6.30pm on Fridays. Actual appointment times were 8.15am until 10.40am and 3pm until 7.30pm on Mondays, 7.30am until 10.40am and 3pm until 5.40pm on Tuesdays and Thursdays, 8.15pm until 10.40am and 3pm until 5.40pm on Wednesdays and Fridays. The practice at Delph was open in the mornings only from Monday to Thursday, with an afternoon surgery being held on a Friday.

Telephone consultations were also available. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. An on call GP assessed the need of patients requesting an emergency appointment when appointments were booked up, and GPs told us no-one who needed to be seen urgently was turned away.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 75%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%. The practice explained that there had been issues with the telephones, that were not owned by the practice. However they were monitoring this and thought they would see improvements when new staff had been recruited and their computer system had changed.

On the day of our inspection we saw that the next available pre-bookable appointment was in two working days time. Some of the patients we spoke with told us it was very difficult to access routine appointments. However, these patients acknowledged that they had requested an appointment with a specific GP. Patients had been able to access an emergency appointment on the day of our inspection.

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.

Patients requiring a home visit were asked to contact the practice before 10.30am. Where the availability of home visits was limited a GP looked at the need and made appropriate arrangements if a visit was not found to be necessary. Locum GPs also carried out home visits. Due to the geography of the practice home visits had to be carefully managed. The practice covered a large geographical area and it could take 40 minutes to reach some areas covered by the practice. In cases where the urgency of need was so great that it would be

Are services responsive to people's needs?

(for example, to feedback?)

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 a system in place for handling complaints and concerns. There was a comments and complaints leaflet available for patients. This gave information about how to make a complaint, how it would be responded to, and what action a patient could take if they were unhappy with how their complaint had been dealt with.

The complaints' policy, dated October 2014, stated that all complaints, including verbal complaints, would be

recorded. We saw evidence of one verbal complaint being recorded but the practice manager told us that verbal comments and complaints were not usually recorded. The policy also stated that the response to complaints would include that patients had the right to approach the Parliamentary and Health Service Ombudsman (PHSO) if they were unhappy with how their complaint had been dealt with. We looked at the responses to eight complaints made May 2015 and March 2016. Only one written response included this information.

The practice manager told us that some complaints were responded to by telephone, and in these cases a record of the telephone call or information relating to it was not kept.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were usually 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. Some breaches of regulation were identified during the inspection, and the partners and practice manager told us they would implement changes to correct these issues immediately. 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. They had a Duty of Candour policy in place that

staff were aware of. (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 they gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings, and we saw that minutes of these meetings were kept.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had a patient participation group (PPG) that had been active for 10 years. They met approximately six times a year, and meeting minutes were kept. The PPG had a constitution and members knew their remit. Involvement in the practice included:

- The PPG published a quarterly newsletter for patients. This included practice news, health information such as self-care and how to maintain independence, information about what was happening in their local area and a page specifically for young people.
- The PPG reviewed patient survey results and any negative comments received from the NHS Friends and Family Test.
- The PPG produced news sheets on specific subjects when it was felt relevant. For example, they had

Are services well-led?

Good 

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

compiled a news sheet informing patients of a partnership between Pennine Care NHS Foundation Trust and Age UK Oldham that gave improved community care and support.

- The PPG sourced funding to purchase copies of a 'Haynes' The Man Manual promoting healthcare for male patients.
- The PPG had set up Saddleworth Carers' Group that met twice a month, providing advice and company to carers and those they cared for.
- One of the PPG members was a dementia champion and had arranged for a 'dementia virtual bus tour' to visit the area in September 2016. This was a large vehicle that allowed carers to experience what it was like to have dementia.

Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was a training practice and some of the salaried GPs had been registrars at the practice.

The practice had identified that access could be difficult as appointments were not always used appropriately. Traditionally patients wanted appointments for issues that could be dealt with either by home remedy or by visiting the pharmacy. They were looking at ways of educating patients, and also encouraged patients to make appointments with the clinical pharmacist where this was more appropriate.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not ensure all information specified in Schedule 3 was available for all staff. This included a full work history including a written explanation of all gaps in employment, and reasons for leaving previous employment where appropriate. The provider did not perform periodic checks to ensure clinicians had continuing registration with the appropriate professional bodies.</p> <p>This was in breach of regulation 19 (3) (a) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>