Charlestown 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Charlestown Medical Practice on 14 June 2016. Overall the practice is rated as good.

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

- Risks to patients were not fully assessed and well managed, for example there was an inconsistent approach to the use of Patient Specific Directions (PSD), which enabled the healthcare assistant to administer vaccinations safely to patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, with a central reporting system to head office.
- The practice did not hold any records to show whether staff were immunised against infectious diseases for example Hepatitis B.
- Although one full audit cycle had been carried out in unplanned admissions, there was no further evidence of clinical audits taking place; therefore the practice could not show improvement in patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure there is a clear process and prior clinical checks in place for the healthcare assistant clinics in regards to Patient Specific Directions (PSD).
- Ensure clear processes for documenting, auditing, and monitoring of infection control.
- Ensure GP has emergency medicines available when attending home visits.

In addition the provider should:

- Implement a Patient Participation Group (PPG) in order to identify and act on patients' views about the service.
- Check daily all blank prescriptions in clinical rooms are removed, with the log filled in correctly.
- Develop a system of regular clinical audits.
- Maintain a record of all clinical staff Hepatitis B status

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.

- The practice had an inconsistent approach to Patient Specific Directions (PSD) to enable the healthcare assistant to administer vaccinations.
- The GP did not carry any emergency medicines when attending home visits.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although the practice had an infection control policy there was no previous documented evidence of past audits or actions.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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.

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked with North Manchester Integrated Neighbourhood Care Team (NMINC) to provide a multidisciplinary approach to health and social care to patients.
- The practice provided and hosted the North Manchester zero tolerance scheme to patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice offered a well-being intranet page to staff, which offered signposting to services

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

Good

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 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.
- Same day telephone access for urgent requests were offered.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management.
- Information provided to patients to enable them to manage their conditions more effectively, for example COPD to include in full patients had self-management plans, access to medication at home for acute exacerbations and could also be directed to a structured education programme.
- Diabetic patients were encouraged to attend structured education programmes.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 relatively high for all standard childhood immunisations.
- Patients 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.

Summary of findings

- We saw positive examples of joint working with midwives and social workers and health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients are able to email queries and requests direct to the practice.
- The practice offered a nurse led walk in clinic three days a week.

People whose circumstances may make them vulnerable

Good

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 homeless people and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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)

Good

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

- The GP could book a follow up appointment via a booking slip system to ensure continuity of care with the same GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- 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 were published on January 2016. The results showed the practice was performing in line with local and national averages. 396 survey forms were distributed and 85 were returned. This represented 2 % of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone below the national average of 73%.
- 55 % of patients were able to get an appointment to see or speak to someone the last time they tried below the national average of 76%.
- 63% of patients described the overall experience of this GP practice as good below the national average of 85%.
- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area below the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection All but one of the 16 patient CQC comment cards we received contained positive comments about the service experienced. Patients commented that reception staff were caring and helpful, and the regular GP treated them respectfully. One card commented the walk in clinic is good.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought the practice had a community feel. However all three stated how it was ran by locums and not having a named GP was distressing to them.

The practice participated in multiple patient surveys such as the Friends and Family Test and also had an in- house survey which was displayed for all patients.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure there is a clear process and prior clinical checks in place for the healthcare assistant clinics in regards to Patient Specific Directions (PSD).
- Ensure clear processes for documenting, auditing, and monitoring of infection control.
- Ensure GP has emergency medicines available when attending home visits.

Action the service SHOULD take to improve

In addition the provider should:

- Implement a Patient Participation Group (PPG) in order to identify and act on patients' views about the service.
- Check daily all blank prescriptions in clinical rooms are removed, with the log filled in correctly.
- Develop a system of regular clinical audits.
- Maintain a record of all clinical staff Hepatitis B status.

Charlestown Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Charlestown Medical Practice

Charlestown Medical Practice is located on the outskirts of Manchester. It is part of and managed by GTD healthcare, a not for profit social enterprise.

The practice is located in the same building as a range of community clinics providing services. The practice is fully accessible to those with mobility difficulties. There is a small car park with disabled parking spaces.

At the time of our inspection there were 3664 patients registered with the practice. The practice is overseen by North Manchester Clinical Commissioning Group (CCG). The practice has an Alternative Primary Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice employs one GP (male) one practice nurse, one nurse practitioner (NP) and one healthcare assistant (HCA). Members of clinical staff are supported by one service manager and administrative staff.

The practice has an average patient population with regard to gender and age mix, although there was a slightly higher than average number of patients in the working age group and children age group.

The male life expectancy for the area is 74 years compared with the CCG averages of 73 years and the national average of 79 years. The female life expectancy for the area is 78 years compared with the CCG averages of 78 years and the national average of 83 years.

The practice is open:

- Monday - 8.30am to 8pm
- Tuesday - 8.30am to 6.30pm
- Wednesday- 8.30am to 6.30pm
- Thursday - 8.30am to 8pm
- Friday - 8.30am to 6.30pm
- Saturday – 9am to1pm

Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call is re-directed to the NHS 111 out-of-hours service. The surgery is part of Prime Ministers GP Access (GPPO) scheme offering extended hours and weekend.

Why we carried out this inspection

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

Detailed findings

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 14 June 2016. During our visit we:

- Spoke with a range of staff (Reception staff, nurses and GPs) and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The events were cascaded to head office, to be stored on a central database.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The building was managed by NHS Property Services Ltd who were the landlords and responsible for the maintenance of the building. The practice maintained appropriate standards of cleanliness and hygiene; we observed the premises to be clean and tidy.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. 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. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice healthcare assistant was the infection control clinical lead and had been in the role for six months, with support from the practice nurse prescriber. When discussing infection control and the responsibilities of the clinical lead role, it was clear there was a lack of understanding of the complexity involved in maintaining the process. For example, checks on vacancies were maintained. There was an infection control protocol in place and staff had received up to date training. The most recent audit had taken place a few days before the inspection. However there was no record of any previous annual infection control audits documented. When we spoke to the practice manager we were informed one had been done previously but only a verbal account of it was provided at the time, with no record of this being documented.
- 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. When we asked what internal reviews had taken place we were told no internal monitoring or checks on prescribing, other than the CCG support take place. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. On the day of the inspection this process had not been maintained as we identified blank prescriptions in a printer from the previous night. The prescription log had not been filled in fully.

Requires improvement

Are services safe?

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions and ran walk in clinics. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSD) supports the healthcare assistant to carry out vaccinations. We identified the checks needed for the healthcare assistant to administer vaccines was not robust. The practice did have a form in place which needed to be checked and signed by a clinician prior to the patient attending clinic. This was not always taking place; the healthcare assistant would populate the forms themselves during clinic and then request the clinician to sign whilst the patient waits in clinic.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- The practice did not hold any records to show long term staff were immunised against infectious diseases. For Hepatitis B it is recommended that individuals at continuing risk of infection should be offered a single booster dose of vaccine, once only, around five years after primary immunisation and a blood test. During the inspection the GP contacted their doctor, who provided evidence before the inspection was completed on the day. No record for the nurse prescriber was recorded or provided.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office 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 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.

- The GP did not carry any emergency medicines when attending home visits. GPs need to carry a range of drugs when on home visits to deal with unexpected circumstances. When we spoke with the practice we were informed that telephone consultations prior to the visit would take place and level of risk assessed by the GP.
- 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 emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Good

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.

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 95.8 % of the total number of points available.

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

- Performance for diabetes related indicators was 86.3%. This was better than the local average of 84.2% and below the national average of 89.2%.
- Performance for mental health related indicators was 99.5%. This was better than the local average of 91.5% and the national average of 92.8%.
- There was limited evidence of quality improvement including clinical audit.
- There had been one full clinical audit cycle completed in the last two years, which reviewed unplanned admissions into hospital. There had been no further clinical audits.

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 and was offered at the head office prior to attending the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice staff told us staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. However this evidence was not available to view on the day.
- 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 and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice had developed and supported the healthcare assistant, who attended university one day a week to complete an assistant practitioner (AP) degree. This was funded and fully supported by the GTD organisation.
- 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. However there was a breakdown in the training matrix maintained by GTD head office and actual training taking place in practice. For example, the matrix showed three out of 13 staff on the training matrix had completed basic life support; however the training matrix was not up to date.

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.

- The practice had developed an end of the day handover sheet for all locum GPs to use. This included documenting referrals made that day and any issues the practice may need to review or consider.
- The practice had care plans, medical records and investigation and test results in place for patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Good

Are services effective?

(for example, treatment is effective)

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. One example was offering a range of free NHS services, for example health checks to the community.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 99% and five year olds from 83% to 92%.

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

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.

All but one of the 16 patient CQC 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. One card commented the walk in clinic was good. Three comment cards mentioned the waiting time to see a named GP was not fair, and another stated they could see a shortage in the work force.

We spoke with three patients on the day, who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However they all raised concerns over the high number of locums at the practice and not having a named GP. One commented the hospital had stopped addressing letters to a named GP, writing 'Doctor' instead. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87.5% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 84.8% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94.1% and the national average of 95%
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 74% 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%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified patients as carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

Good

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 part of the North Manchester Integrated Neighbourhood Care Team (NMINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice was part of the zero tolerance scheme. This was for patients who had been removed from the list of other practices in North Manchester area due to the zero tolerance of abuse or aggression policy.
- The practice offered a nurse lead walk in clinic three days a week to all their patients.
- The practice offered a standard appointment time of 13 minute to all patients.
- The practice worked with the local LGBT (lesbian, gay, bisexual and transgender) services within the community.
- 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.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 8pm on Mondays and Thursdays, and between 8am and 6.30pm on Tuesdays, Wednesdays and Fridays. It was also open 9am -1pm every Saturday. In addition to pre-bookable appointments that could be booked up to three week in advance, urgent appointments were also available for people that needed them. The practice also offered a walk in clinic three days a week.

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

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

People told us on the day of the inspection that they were able to get appointments when they needed them but not with a named GP, only a locum or nurse.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- All complaints were submitted to head office and discussed at practice meetings.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with the process in the practice leaflet.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care by head office.

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 was displayed; when we spoke to staff they were not clear on the values.
- The practice had supporting business plans which reflected the vision and values and were regularly monitored by GTD head office.

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
- The practice had a detailed locum pack, to ensure the practice processes were followed.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GP in the practice demonstrated they had the experience and capability to run the practice. They told us they prioritised safe and compassionate care. Staff told us the GP was approachable, kind and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us practice regular team meetings had commenced.
- 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. We noted a team away day had taken place to make the practice feel a part of the GTD group.
- 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- Previous attempts to facilitate the patient participation group (PPG) had not been successful. The practice was currently looking at new ways to engage with their patients to develop and maintain a PPG group.
- The practice participated in multiple patient surveys such as the Friends and Family Test and also had an in-house survey which was displayed for all patients.

Continuous improvement

The practice team was trying to engage and improve outcomes for patients in the community.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** Care and treatment was not provided in a safe way for service users because: • There was no effective system in place to manage and monitor infection control. • There was no clear process and checks for the healthcare assistant in following the Patient Specific Directions (PSD) • The GPs did not have emergency medicines available when attending home visits. This was in breach of Regulation 12 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.