

Wilmslow Road Surgery

Quality Report

Wilmslow Road Medical Centre, Manchester, M14
5LQ

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 14 April 2016. Overall the practice is rated as requires improvement. Our key findings across all the areas we inspected were as follows

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and infection control audits had not been undertaken.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.

- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Appointment systems were not working well so patients did not receive timely care when they needed it.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

Outstanding practice

- The practice contacted schools and universities when required to ensure that young people were receiving simultaneous support in the community and home.

The areas where the provider must make improvements are:

- Introduce processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Improve on the recording and reviews of significant event reviews to include more information.

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical and non-clinical audits including re-audits or quality improvement activity to ensure improvements to care and treatment have been achieved. For example, there were no audits in relation to infection prevention and control.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure emergency medicines are checked regularly and are in date
- The provider must consider creating a formal risk assessment for all staff to follow in emergency situations as there was no defibrillator available on the premises.

- Ensure arrangements are in place for planning and monitoring the number of staff and mix of staff at each site.
- Update the complaints policy and procedures to make them in line with recognised guidance and contractual obligations for GPs in England. Ensure keep a record of verbal complaints so that any themes can be identified and managed.

The areas where the provider should make improvement are:

- Improve processes for making appointments.
- Implement job descriptions and ensure staff are aware of the roles and responsibilities they have.
- Schedule regular and staff meetings with minutes available to be shared to all staff.
- Improve the patient recall system for medication.
- Ensure prescription pads are securely stored with systems to monitor usage.

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 inadequate for providing safe services and improvements must be made.

- Staff were not always clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. People did not receive a written apology.
- Patients were at risk of harm because systems and processes were not in place in an appropriate manner to keep them safe. For example, the recruitment checks were not always carried out, infection control audits were not undertaken and the appropriate building verification was not in place such as gas and electrical safety certificates.
- There was insufficient attention to safeguarding children and vulnerable adults as there was no evidence of the phlebotomist having received any safeguarding training..
- There were not enough staff to keep patients safe, especially as the GPs and Nurse were moving between both sites which meant delays in patients being seen.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice identified patients who may be in need of extra support.
- There was little evidence that audit was driving improvement in performance to improve patient outcomes.
- Appraisals were not scheduled and undertaken on time. Not all staff had completed their yearly appraisal.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- 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 was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led, as there are areas where improvements should be made.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a documented leadership structure and all staff felt supported by management.
- The governance arrangements were not fully embedded and this had led to gaps in safe management of the service. For example, staff did not have access to job descriptions and the policies and procedures were not always reviewed on time.

Requires improvement



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 inadequate for safety, requires improvement for responsive and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had care plans and approach mechanisms for each patient and their particular needs.
- The elderly and vulnerable patients were offered added support in terms of the multidisciplinary care co-ordination practice integrated care teams (PICT).
- Elderly patients were offered home visits, annual flu vaccination and blood testing visits.

Requires improvement



People with long term conditions

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

However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the five diabetes related indicators was below the national average for two of the five indicators.
- 93.35% of patients with diabetes had received an influenza immunisation compared to the national average of 94.45%.
- A record of foot examination was present for 87.31% compared to the national average of 74.64%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 77.78% compared to the national average of 78.03%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84.14% compared to the national average of 80.53%.

Requires improvement



Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 70.43% compared to the national average of 77.54%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 80.16%, compared to the national average of 83.65%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

However:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.6% to 100% and five year olds from 95.2% to 100%.
- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 70.35%, which was the same as the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

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

However:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone appointments were available if patients wished to discuss test results urgent concerns and who may have difficulty attending surgery due to work commitments.
- The practice contacted schools and universities when required to ensure that young people were receiving simultaneous support in the community and home.
- The practice held a student orientation day each year with Manchester University in assigning GPs to incoming students from both other cities in the UK and abroad.

Requires improvement



People whose circumstances may make them vulnerable

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

However:

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

Requires improvement



Summary of findings

- 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.
- The practice has a high volume of refugees and asylum seekers listed; they found these people were particularly vulnerable as they were unsure of their surroundings and rights.

People experiencing poor mental health (including people with dementia)

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

However:

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 87.72% comparable to the national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 80.65% compared to the national average of 84%.
- 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.
- The practice offered added support to patients that needed to pop in for a chat or advice when they were particularly low.
- The practice manager and nurse saw patients without appointments from time to time as they were a trusted point of contact.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below the local and national averages in many areas (403 survey forms were distributed and 88 (22%) were returned).

- 77% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 70% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 53% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which 30 were mostly

positive about the standard of care received. Patients said they felt as though they were treated with respect and courtesy and included praise for the GPs, the nursing staff as well as a helpful and good service from the practice manager and the receptionists. Patients said the environment could be improved as the waiting room was small and needed more chairs and some ventilation. Fourteen patients stated they could not get through by the telephones to make appointments and a couple of patients felt they had no privacy due to the reception staff being local and felt they wanted to speak to someone not known to them.

We spoke with 11 patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring. Seven patients told us they could not always get through by phone sometimes but they always got appointments. The practice had looked into getting more lines and was also looking into other options such as open appointments to combat this.

Areas for improvement

Action the service **MUST** take to improve

- Introduce processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Improve on the recording and reviews of significant event reviews to include more information.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical and non-clinical audits including re-audits or quality improvement activity to ensure improvements to care and treatment have been achieved. For example, there were no audits in relation to infection prevention and control.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

- Ensure emergency medicines are checked regularly and are in date
- The provider must consider creating a formal risk assessment for all staff to follow in emergency situations as there was no defibrillator available on the premises.
- Ensure arrangements are in place for planning and monitoring the number of staff and mix of staff at each site.
- Update the complaints policy and procedures to make them in line with recognised guidance and contractual obligations for GPs in England. Ensure keep a record of verbal complaints so that any themes can be identified and managed.

Action the service **SHOULD** take to improve

- Improve processes for making appointments.
- Implement job descriptions and ensure staff are aware of the roles and responsibilities they have.

Summary of findings

- Schedule regular and staff meetings with minutes available to be shared to all staff.
- Improve the patient recall system for medication.
- Ensure prescription pads are securely stored with systems to monitor usage.

Outstanding practice

- The practice contacted schools and universities when required to ensure that young people were receiving simultaneous support in the community and home.

Wilmslow Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a GP specialist adviser.

Background to Wilmslow Road Surgery

Wilmslow Road Surgery provides services from two sites. The main site is based in the Rusholme area of Manchester with a branch site in Sale. It is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has 4649 patients. The practice provides services under a General Medical Services contract, with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as level three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 76 years for males and 81 years for females, both of which are slightly below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were generally similar to the average GP practice in England. There were a higher number of patients aged 20 to 34 years.

The practice had a lower percentage (43.2%) of its population with a long-standing health condition than the England average (54%). The practice had a lower percentage (56.4%) of its population with a working status of being in paid work or in full-time education than the England average (61.5%). The practice had a higher percentage (10%) of its population with an unemployed status than the England average (5.4%).

The services from Wilmslow Road are provided from a purpose built building with disabled access and off street parking. The practice has a number of consulting and treatment rooms. The services from the practice in Sale are provided from a converted shop on the main road. Both sites have a number of consulting and treatment rooms.

The service is led by two GP partners (one male, one female) who are supported by a female salaried GP. The team are supported by a practice manager, a practice nurse, two phlebotomists as well as an administration team including a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.

The Wilmslow Road practice is open between 8.00am to 6.30pm on Mondays and Fridays, 8.00am to 7.30pm on Tuesdays and Thursdays and 8.00am to 2.00pm on Wednesdays. Patients are able to book appointments from 8.30am. Patients can telephone the surgery before 10am for an appointment for the morning surgery. The GPs will then allocate the appointments available for the day, after triaging each patient. There is a walk in clinic on Mondays where patients do not need to make any prior contact with the practice and can simply walk in between 9am and midday. Extended hours are available to those who cannot attend core hours due to work commitments by appointment only on Tuesdays between 6:30pm and 8pm.

The Sale practice is open between 9am and 10am and 5pm to 6pm on Mondays, Tuesdays, Wednesdays and Fridays. Patients can walk in during these times with no pre-booked appointments.

Out of hours cover is provided by Go to Doc and patients can access the local walk in centres via the NHS 111 service.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016.

During our visit we:

- Visited the Wilmslow Road and the Sale sites.
- Spoke with a range of staff including the GPs, the practice manager, the practice nurse and the administration team.
- Observed how patients were being treated by the staff and spoke with patients, carers and family members

- 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents but they were not all aware of the recording form available on the practice's computer system.
- The practice carried out analysis of the significant events. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. However, not all staff had attended these meetings and these were mainly held for the clinical staff.
- Lessons shared at the clinical meetings included a patient who had ended up in A&E and had their medication stopped but the pharmacy had carried on dispensing this medication. The practice contacted the external organisation and explained what had happened. The practice had updated its coordination with external providers for future patient care. However, the reception staff were not always aware of the incidents that had taken place.

Overview of safety systems and processes

The practice had 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP lead for safeguarding adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP and the nurse were both trained to Safeguarding level 3. There was no evidence of the phlebotomist having received any safeguarding training.
- A notice was available at both the Wilmslow Road and Sale waiting and treatment rooms that advised patients about the availability of chaperones. The staff who acted as chaperones had not undergone appropriate

Disclosure and Barring Service checks (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 both premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place but no annual infection control audits were undertaken at either site.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for the optimisation of prescribing cost effective medication. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The patient recall system for medication was limited and difficult due to the IT system in place. It was not robust, especially when the clinical responsibility was with the GP. For example, the high risk drug matrix (HRDM) currently relied on human interaction and when staff were busy then drug interactions could be missed.
- The process for The Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were not embedded and may not be acted upon which meant that some patients may be left on inappropriate medication.
- Prescription pads were securely stored; although there were no systems in place to monitor their use.
- The practice had a recruitment policy in place but this was not comprehensive as it did not outline the process to follow for appropriate checks to be conducted during recruitment. The current policy was also not being followed fully.
- We reviewed five personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, there were no job descriptions, proof of identification was only available in two files and only one proof as opposed to two checks as stated in the policy. References, qualifications and registration with the appropriate professional body were not always completed. The staff had only undergone DBS checks a

Are services safe?

week before our inspection, even though they had been employed for a number of years previously.. The phlebotomist, who had been employed at the practice since January 2016, had no evidence of being competent for the role. The practice manager told us the phlebotomist had been trained at their previous workplace but had lost all the certificates.

- The practice manager told us there was a low turnover of staff and the majority of staff had been employed for a number of years and through recommendations from other practices.
- The practice utilised locum GPs who covered any absence. A locum pack was in place but there was no evidence of appropriate checks for the locum GPs, such as DBS, qualifications or registration with the General Medical Council (GMC) (Doctors must be registered with a license to practice with the General Medical Council (GMC) to practice medicine in the UK).

Monitoring risks to patients

- There was no evidence of an up to date fire risk assessment or fire drills for either site. The Wilmslow Road site had evidence to verify that electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The Wilmslow Road practice had assessments in place for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Some risks to patients were assessed and well managed overall. However, there was no evidence of any electrical, gas, legionella or fire safety checks or risk assessments at the Sale site. Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. However, the practice was short of both GP and nursing

staff. Due to the working shift patterns the practice was unable to sustain sufficient staffing between both sites which meant the main site at Wilmslow Road was left without adequate GP cover until 11am on some mornings. Following the inspection the practice sent us a rota of how they would cover both sites from 18 April 2016 to 13 May 2016, however, we noted there were a number of locums in use and some GPs also had leave. The practice was in the process of employing additional GP and nursing staff.

Arrangements to deal with emergencies and major incidents

The practice had 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 as well as alarm buttons which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- The practice had an oxygen cylinder with adult and children's masks. A first aid kit and accident book was also available. There was no defibrillator available on the premises and there was no formal associated risk assessment as to the rationale for this decision .
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However there was no regular checking in place for the emergency drugs as some had expired in 2007. These were currently being checked by the nurse who had limited capacity due to clinical commitments. The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) were 89.3% of the total number of points available, with 5.3% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for the five diabetes related indicators was below the national average for two out of the five indicators.
- 93.4% of patients with diabetes had received an influenza immunisation compared to the national average of 94.5%.
- A record of foot examination was present for 87.3% compared to the national average of 74.6%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 77.8% compared to the national average of 78%.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84% compared to the national average of 80.5%.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 70.4% compared to the national average of 77.5%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 80.2%, compared to the national average of 83.7%.
- Performance for mental health related indicators was below the national averages. For example:
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 87.7% compared to the national average of 88.5%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 80.7% compared to the national average of 84%.

Clinical audits

- There had been a number of clinical audits completed in the last two years. We saw evidence of some improvements being implemented and monitored.
- We saw another audit in relation to heart failure but this was not formally written up.
- The evidence in relation to learnings from audits was not comprehensive.

Effective staffing

- The practice had an informal induction programme for all newly appointed staff; however, there was no documented evidence of induction in any of the staff files.
- Staff received on-going training that included: safeguarding, fire procedures and basic life support. 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.

Are services effective?

(for example, treatment is effective)

- There was no system to ensure all staff had yearly appraisals to identify their learning and development needs. The staff files did not always contain the last appraisal and a number of staff had never received an appraisal.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were then signposted to the relevant service.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 70.4%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.6% to 100% and five year olds from 95.2% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The majority of the 44 patient Care Quality Commission (CQC) comment cards we received were positive in relation to the care patients experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 11 patients who told us they were satisfied with the care provided by the practice and the majority said their dignity and privacy was respected. However, two patients told us they were not always comfortable speaking with the reception staff as they were from the local area and there was not always an alternative person to speak with.

Results from the national GP patient survey (January 2016) 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:

- 79% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 84%, national average 87%).
- 89% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)

- 75% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

The CQC comment cards had positive comments in relation to how patients were treated. Patients felt the doctors listened to them and empowered them to make positive decisions about their healthcare.

The practice was family friendly and all staff including the GP's, the practice nurse, the practice manager and receptionists knew the patients well and most by first name as patients had been attending the practice for many years.

Care planning and involvement in decisions about care and treatment

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

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

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 72% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer so they could direct them towards the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent a card if it was deemed appropriate. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. For example, the practice worked alongside the local hospital to better direct people towards the correct route for treatment to reduce admissions to A&E.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Translation services were available as around 90% of the practice population was from an ethnic background. Multiple languages were also spoken by the practice clinicians and staff including English, Arabic, Urdu, Hindi, Punjabi, Burmese, Gujarati, Bengali and Swaheli.
- Access for disabled persons was provided by a ramp at the front entrance at the Wilmslow Road Practice and there were toilet facilities for people with disabilities.
- The Sale practice was accessible from the main road and only had a standard limited size toilet, with no independent wheelchair access.

Access to the service

Wilmslow Road Surgery consisted of two sites. The main site was located on Wilmslow Road in Rusholme and was open between 8.00am to 6.30pm on Mondays and Fridays, 8.00am to 7.30pm on Tuesdays and Thursdays and 8.00am to 2.00pm on Wednesdays. Patients were able to book appointments from 8.30am. Patients could telephone the surgery before 10am for an appointment for the morning surgery. The GPs will then allocate the appointments available for the day, after triaging each patient. There was a walk in clinic on Mondays where patients don't need to make any prior contact with the practice and could simply walk in between 9am and midday. Extended hours were available to those who could not attend core hours due to work commitments by appointment only on Tuesdays between 6:30pm and 8pm.

The Sale practice, located on Washway Road and being operated as a satellite surgery, was open between 9am and

10am and 5pm to 6pm on Mondays, Tuesdays, Wednesdays and Fridays. Patients were able to walk in during these times for appointments and did not need to book ahead.

One GP was based at the Sale site daily between the opening times. When the surgery finished at the Sale site the GP travelled to the main location on Wilmslow Road. This meant there were times when there was no GP present at the Wilmslow Road site until 11am which meant patients had long waits and could not get appointments at these times. The GPs told us they offered telephone triage to patients at the Wilmslow Road site from the Sale site if they were not with patients.

Out of hours cover was provided by Go to Doc and patients could access the local walk in centres via the NHS 111 service.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 57% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

People told us on the day of the inspection they were able to get appointments when they needed them, however, the telephone lines were busy which meant they had to come to the practice to make the appointments. The practice had looked into getting more lines and were also looking into other options such as open appointments to combat this.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. There were no details to contact other organisations and there were no specific timelines for responding to and investigating complaints. The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system such as posters and leaflets in the reception area.

The practice had received one complaint in the previous 12 months. We looked at this and found the complaint had been resolved. The practice manager confirmed the

practice received verbal complaints from patients which were dealt with accordingly. The practice manager saw every complainant herself; however, there were no records of these, which meant lessons could not be shared to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a mission statement to provide patients with the highest quality healthcare with a well-trained and motivated team. The practice aimed to deliver equitable, patient driven, high quality and caring primary healthcare services without prejudice.

The practice did not have a robust strategy and supporting business plans which reflected the vision and values. This meant there was no system in place to monitor them regularly.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Although this outlined the structures and procedures in place, there were some areas that required updating.

- There was a clear staffing structure and staff were mostly aware of their own roles and responsibilities, however, staff did not have access to job descriptions which meant they could not carry out the full range of duties and staff could not plan training to meet their role.
- Practice specific policies were implemented and were available to all staff. However, policies were not always available or adequate for all processes such as recruitment.
- Data was available that ensured staff had a comprehensive understanding of the performance of the practice.
- The programme of continuous clinical and internal audit was not fully embedded which meant the practice couldn't monitor quality and so couldn't make the required improvements.

- There were some arrangements for identifying, recording and managing risks, issues and implementing the mitigating actions. However, these were not comprehensive and were lacking for the branch site in Sale.
- There was no system to ensure all staff received an adequate regular appraisal.

Leadership and culture

The GPs were visible in the practice and staff told us the management team were approachable and always took the time to listen to all members of staff.

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

- Staff told us the practice held ad-hoc team meetings.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through surveys and complaints received and submitted proposals for improvements to the practice management team.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found the registered person did not assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks.

This was in breach of regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that the registered person did not have all the required practice specific policies and procedures. Systems for ensuring appraisals were conducted were not in place. The practice did not complete clinical and non-clinical audit cycles in a way to improve patient care and implement change.

This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (RA) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person did not operate an effective recruitment system. We found the registered person did not operate an effective system to provide support, training, professional development as necessary to enable all staff to carry out the duties they are employed to perform. The information required in

This section is primarily information for the provider

Requirement notices

Schedule 3 was not held for all staff and Disclosure and Barring Service (DBS) checks had not been carried out for all appropriate staff. The current registration status of locum GPs had not been checked.

This was in breach of regulation 19(1)(a)(b)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.