

Hazeldene Medical Centre

Quality Report

Hazeldene Medical Centre
97 Moston Lane East
New Moston
Manchester
M40 3HD

Tel: 0161 241 8039

Website: www.hazeldenemanchester.nhs.uk

Date of inspection visit: 3 February 2017

Date of publication: 27/02/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Hazeldene Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hazeldene Medical Centre on 3 February 2017. Overall the practice is now rated as good.

The practice had been previously inspected on 21st October 2015. Following this inspection the practice was rated requires improvement with the following domain ratings:

Safe – Requires improvement

Effective – Requires improvement

Caring – Good

Responsive – Good

Well-led – Requires improvement

Our key findings from the most recent inspection were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events with learning outcomes documented.

- Staff had a clear understanding of their roles and responsibilities in line with their job description.
- Infection control processes had been introduced with several audits having taken place with actioned outcomes documented and evidenced.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had developed a programme of continuous quality improvement through clinical and internal audits, and these were used to monitor quality and to make improvements.
- Risks to patients were assessed and well managed.
- There was a clear leadership structure. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG).
- Patients said they found it difficult to access the practice by the phone. Most patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Continue to review the telephone and appointment system action plan, to enhance patient experience of access to appointments.
- Use practice data more effectively to monitor performance in areas of exception reporting.
- Ensure care plan templates themselves are updated.
- Review processes in relation to the repeat prescribing policy, whilst implementing a serial checking process for blank prescriptions.
- Add the full address of the Parliamentary and Health Service Ombudsman(PHSO) to the practice leaflet.
- Install an alert system on the practice entrance, so staff can help wheelchair users to access the building.
- Proactively identify carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- 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.
- There was an infection control lead with clear processes and actioned audits in place.
- There was a designated lead with a clear protocol for all emergency medication and emergency equipment in place.
- A risk assessment to monitor the control of legionella had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were usually assessed and well managed. However we did identify a few repeat prescriptions which had not been collected in a reasonable time frame.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

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.
- The practice encouraged patients to attend a local befriending service, which was held at the local community centre.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example they were part of a local GP Alliance which provided access to extended hours appointments available at a choice of three sites.
- Patients said they found it difficult to access the practice by phone, but found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available on the website and on a poster in the waiting room, but details on how to complain were not included in the practice leaflet.

Are services well-led?

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

Good



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

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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.
- There was a named GP for the over 75s and care plans were in place.
- Patients who had an active care plan in place, which was reviewed every three months or after any admission/discharge to hospital.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 62% of patients with diabetes had a blood pressure recording which was within normal limits completed in the preceding 12 months, compared to the CCG average of 77% and national average of 78%.
- Longer appointments and home visits were available when needed.
- The practice offered extended hours opening to ensure those with long term conditions and those who were working were able to access appropriate care.
- 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 good for the care of families, children and young people.

Good



Summary of findings

- 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 low for all standard childhood immunisations, however we identified this was due to a fault in the data and saw evidence the practice was in line with or above standard rates on the day of the inspection.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 83% of eligible women had received a cervical screening test in the preceding five years, compared to the CCG average of 78% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients were also able to access extended hours appointments between 6.30pm and 9.30pm and at weekends, delivered at a choice of three sites via a local GP Alliance.

Good



People whose circumstances may make them vulnerable

- The practice is rated as good for the care of people whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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)

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

- The practice held a joint holistic review every six months where immunisation and drug treatment management plans were reviewed. These were for all patients who were seen by the Drug and Alcohol worker.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- 95% of patients with schizophrenia or other psychoses had their alcohol consumption recorded in the preceding 12 months compared to the CCG average of 85% and national average of 89%.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 295 survey forms were distributed and 108 were returned. This represented 2 % of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, all were positive about the standard of care received. Patients said staff were

friendly and GPs listened to their concerns. Some patients commented it was difficult to get through on the telephone and that appointments were sometimes difficult to make. One comment card thought the practice was looking tired.

We spoke with 10 patients during the inspection, including two members of the patient participation group (PPG). All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Eight patients had concerns with not being able to get through to the practice on the phone and said appointments were very difficult to access.

The practice was aware of the problems with the telephone system and had submitted an action plan prior to the inspection. We also saw evidence that an appointment with the phone provider had been arranged for the same week as our inspection.

The practice participated in patient surveys and the Friends and Family test.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Continue to review the telephone and appointment system action plan, to enhance patient experience of access to appointments.
- Use practice data more effectively to monitor performance in areas of exception reporting
- Ensure care plan templates themselves are updated.
- Review processes in relation to the repeat prescribing policy, whilst implementing a serial checking process for blank prescriptions.
- Add the full address of the Parliamentary and Health Service Ombudsman (PHSO) to the practice leaflet.
- Install an alert system on the practice entrance, so staff can help wheelchair users to access the building.
- Proactively identify carers.

Hazeldene Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and practice manager adviser.

Background to Hazeldene Medical Centre

Hazeldene Medical Centre is located on the outskirts of Manchester and is a member of North Manchester Clinical Commissioning Group (CCG).

The male life expectancy for the area is 76 years compared with the CCG average of 73 years and the national average of 79 years. The female life expectancy for the area is 80 years compared with the CCG average of 78 years and the national average of 83 years. There is a higher than average number of patients who have a long-standing health condition, 64%, compared to the CCG average of 53% and the national average of 54%.

The practice is managed by three GP partners (one female and two males), and the surgery also employs one part time salaried GP (female). There is an advanced nurse practitioner, one practice nurse and two healthcare assistants. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8.30am to 6.00pm Monday, Tuesday, Thursday and Friday. Every Wednesday afternoon from 1.00pm the practice is closed. Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call

will be re-directed to the out-of-hours service. The surgery also runs, with three local practices, a neighbourhood scheme for Sunday appointments between the hours of 10am and 6pm.

The practice has a Personal Medical Services (PMS) contract. At the time of our inspection there were 6615 patients on the practice list. The practice is a teaching practice.

Why we carried out this inspection

We undertook a comprehensive inspection of Hazeldene Medical Centre on 21 October 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement.

We undertook a comprehensive follow up inspection of Hazeldene Medical Centre on 3 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 3 February 2017.

During our visit we:

- Spoke with a range of staff, GPs, practice nurse, health care assistant and reception staff.
- Also spoke with eight patients who used the service.

Detailed findings

- We spoke with two members of the patient participation group (PPG)
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.

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

The practice was previously inspected on 21 October 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated requires improvement overall.

However, within the key question safe, safe track record and learning and an overview of safety systems and processes were identified as requires improvement as the practice was not meeting the legislation at that time; Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

These arrangements had significantly improved when we undertook a follow up inspection on 3 February 2017. The provider is now rated as good for providing safe services.

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 practice carried out a thorough analysis of the significant events and learning outcomes were identified in meetings. We saw minutes from meetings which showed that these were discussed at clinical meetings and learning disseminated to staff

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. 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 three. Nurses were also trained to level three and other staff to level one.
- A notice in each treatment room informed patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw evidence of an infection control statement individual to the practice, with full infection control audits undertaken, and we saw evidence that actions were taken to address any improvements identified.
- 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). During the inspection we noticed that some prescriptions for repeat medicines had not been collected within the expected timescale. At feedback given at the end of the inspection the practice told us they would take appropriate action and put in place a system to review the uncollected prescription box.

Are services safe?

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. At feedback the practice told us they would take appropriate action and put in place a system. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- There were 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.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

The practice was previously inspected on 21 October 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated requires improvement overall. However, within the key question effective, needs assessment and consent and staff training were identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment and Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

These arrangements had significantly improved when we undertook a follow up inspection on 3 February 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available with 18 % 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).

During the inspection we discussed the higher than average exception reporting rate for the practice. They told us that all patients were sent three invites but felt further investigation was required to clearly identify if there was a coding issue within the practice.

This practice was not an outlier for any QOF (or other national) clinical targets. The latest published data showed performance for:

- The percentage of patients with diabetes, on the register, in whom with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 77% compared to the CCG average 79% and the national average of 80%.
- The percentage of patients with hypertension having regular blood pressure tests was 82% compared to the CCG average of 81% and the national average of 83%.

There was evidence of quality improvement including clinical audit.

- There had been multiple clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as improving the identification of patients who are suffering from domestic abuse.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

Are services effective?

(for example, treatment is effective)

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.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. One example of the training being tailored to meet the patient population was, all staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

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's uptake for the cervical screening programme was 83%, which was above the CCG average of 78% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 74% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were friendly and GPs listened to their concerns. Three comment cards told us it was difficult to get through on the telephone and that appointments were difficult to book. One comment card thought the practice was looking tired.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with ten patients during the inspection, including two members of the patient participation group (PPG). All ten patients said they were happy with the care they received and thought staff were approachable, committed and caring. Eight patients all had concerns with not being able to get through to the practice on the phone and that appointments were very difficult to access.

The practice were aware of the problems with the telephone system and had submitted an action plan prior to the inspection. We also saw evidence that an appointment with the phone provider had been arranged for the same week as our inspection.

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

- 94% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 88% of patients said the GP gave them enough time compared similar to the CCG average of 84% and the national average of 87%.
- 85% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 89%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 80% 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%.
- 91% 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%.

Are services caring?

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.

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 71 patients as carers (1% of the practice list). The practice also identified 41 patient received care. Written information was available to direct carers to the various avenues of support available to them. The practice had acknowledged more work to identify carers was needed.

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

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 initiated insulin in the community, something which was normally commenced in hospital. This enabled patients to receive care closer to home
- The practice were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give patients a better cancer care experience and ultimately increase survival rates. The practice had a clinical lead who was the local cancer champion for the practice.
- Patients had access to a drug and alcohol support service provided in the practice.
- The practice was involved in the "Choose Well" scheme which offers advice to patients around where to go when ill or injured to ensure they received the right care.
- The practice was part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients.
- The practice was awarded the "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay, bisexual and transgender patients within your local community.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could access online their medical records and a range of other services such as ordering repeat prescriptions

Access to the service

The practice was open between 8.30am and 1 pm (Monday – Friday) and Monday, Tuesday, Thursday and Friday 2pm to 6pm. Appointments were from 8.30am to 11.30am every morning and 2pm to 6pm daily (except Wednesday afternoons). Extended hours surgeries were offered at the following times on 6 pm-8pm weekdays and every Sunday 10am – 6pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available.

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

- 58% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 53% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

We explored the lower than average patient satisfaction in consultations with the practice during feedback on the day of the inspection. The practice had already been working on an action plan prior to our inspection on improving these areas. We also were shown evidence of an appointment with the phone providers had been planned.

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. The full address of the Parliamentary and Health Service Ombudsman(PHSO) was not included in the practice leaflet.
- There was a 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.

We looked at complaints received in the last 12 months and found these were satisfactorily handled and dealt with

in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

The practice was previously inspected on 21 October 2015. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection, the practice was rated requires improvement overall. However, within the key question well led the governance arrangements was identified as requires improvement, as the practice was not meeting the legislation at that time; Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

These arrangements had significantly improved when we undertook a follow up inspection on 3 February 2017. The provider is now rated as good for providing well led services.

Vision and strategy

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

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

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:

- The partners had developed a better understanding of the more senior roles within the practice. For example, one of the GP partners and one staff member had covered the role of practice manager leading up to and during the inspection due to the current practice manager being of work ill. They also received supported from two buddy practice managers.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

The practice gave affected people reasonable support, truthful information and a verbal and written apology

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had an established patient participation group (PPG) which met regularly.