

# Gorton Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

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?

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 at Gorton Medical Centre, 46 Wellington Street, Gorton, Manchester, M18 8LJ on 11 February 2016. During that inspection we identified breaches of regulation 12 (Safe Care and Treatment), regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The breaches resulted in the practice being rated as requires improvement for being safe, effective, responsive and well-led and good for being caring. Consequently the practice was rated as requires improvement overall. The full comprehensive report on the 11 February 2016 inspection can be found by selecting the 'all reports' link for Gorton Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this announced comprehensive inspection on 27 March 2017 we checked whether improvements had been made since our inspection in February 2016.

We found improvements had been made in respect of;

#### Safe

- Risk assessments had been carried out since the last inspection out and were kept under review.

#### Effective

- Appropriate recruitment checks were carried out including disclosure and barring service (DBS) checks had been obtained.
- Staff appraisals had been carried out in the past 12 months, personal development plans and a training matrix were in place.

#### Well-led

- Policies and procedures had been reviewed and updated since the inspection in February 2016.

At this inspection carried out on 27 March 2017

Our key findings were as follows:

- A new practice manager had been appointed in June 2016.
- There was an open and transparent approach to safety and a system in place for reporting and

# Summary of findings

recording significant events. However, there was no comprehensive system in place to demonstrate learning from significant events to prevent the same things happening again.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice policies and procedures had been reviewed within the last 12 months, these were in line with current guidance and available to staff.
- Staff were aware of current evidence based guidance. Staff had access to an on-line training programme to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, some patients did report difficulties booking appointments by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. Each GP and senior member of staff had defined clinical responsibilities in different areas such as child protection and adult safeguarding, elderly care and information governance.
- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw one area of outstanding practice:

The practice was participating in the nursing home project to provide a proactive, preventative service for patients residing in residential and nursing homes. A nominated lead GP from the practice visited a local care home twice a week. This level of support aimed to reduce the use of out of hour's services and reduce unnecessary accident and emergency (A&E) attendances.

However, there was one area of practice where the provider needs to make improvements.

- Ensure there is a clear process for the monitoring of and learning and improving from incidents and significant events. Also, that staff are made aware of the decisions made and changes in practice required as a result of discussions about incidents and significant events.

The areas where the provider should make improvement are:

- The provider should continue with their efforts to develop a patient participation group (PPG).
- Ensure the practice have a planned and structured approach to identifying and carrying out a programme of improvement. Ensure full cycle audits are completed with review dates and use clinical audits to benchmark the quality of the clinical care being provided and to demonstrate sustained improvements.
- Review the system in place for the dissemination and monitoring of patient safety alerts to demonstrate that action had been taken relevant to the alert, after they were disseminated within the practice.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Consider what action needs to be taken to improve areas of lower patient satisfaction results from surveys with the service.

**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?

At this follow up inspection the practice is now rated as good for providing safe services.

The specific concerns identified at the inspection in February 2016 were:

- 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.
- We found that the registered person did not operate an effective recruitment system. The information required in Schedule 3 was not held for all staff and Disclosure and Barring Service (DBS) checks had not been carried out for all appropriate staff.

At this inspection we found;

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; however, there were no systems in place to demonstrate learning from such events.
- We found appropriate recruitment checks were carried out including disclosure and barring service checks (DBS).
- When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The practice had systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and were in the process of updating their training in safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

At this follow up inspection we found the practice is rated as good for providing effective services.

The specific concerns identified at the inspection in February 2016 were:

- Not all staff had received an annual appraisal.

Good



# Summary of findings

- Newly appointed staff did not always receive an induction and the practice could not demonstrate how they ensured role-specific training and updates for staff.

At this inspection we found;

- There was evidence that staff appraisals had been carried out in the past 12 months and personal development plans and a training matrix were in place.
- New staff underwent a period of induction.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits were carried out however, there was little evidence to demonstrate sustained quality improvements.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with Macmillan and district nurses.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

At this follow up inspection the practice is now rated as good for providing responsive services.

The specific concerns identified at the inspection in February 2016 were:

- The practice did not have effective systems and processes in place, including the required practice specific policies and procedures in order to effectively manage complaints and concerns.

Good



# Summary of findings

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

At this inspection we found;

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they 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 how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

At this follow up inspection we found the practice is still rated as requires improvement for providing well-led services.

The specific concerns identified at the inspection in February 2016 were:

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were poor and not embedded.

At this inspection we found;

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

**Requires improvement**



# Summary of findings

- The governance framework did not fully support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- 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 for reporting notifiable safety incidents but there was no evidence to demonstrate how this was shared with staff or that appropriate action was taken.
- The practice sought feedback from staff and patients via the NHS friends and family test (FFT) and via a comment box in the waiting room. The practice had experienced difficulty in recruiting patients to take part in a patient participation group (PPG). A PPG was established in March 2016 however, this was not well attended. The partners and practice manager were considering how to encourage patients to join this group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- Clinical audits were undertaken but there was little evidence of sustained quality 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 provider was rated as good for this population group.

Good



- Staff were able to recognise the signs of abuse in older patients and described the process for how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The practice participated in the nursing home project and worked closely with a local nursing home with the aim of minimising unnecessary hospital admissions.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example; district nurses and social and health care partners involved with the nursing home project.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible such as; healthy eating and keeping active.

### People with long term conditions

The provider was rated as good for this population group.

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 71% of patients with diabetes, on the register, who had IFCC HbA1c of 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) compared to the CCG and national average of 75% and 78% respectively.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.



# Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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 provider was rated as good for this population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice's uptake for the cervical screening programme was 83% (2015/2016), which was better than the CCG average of 78% and the national average of 81%.

Good



## Working age people (including those recently retired and students)

The provider was rated as good for this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.

Good



## People whose circumstances may make them vulnerable

The provider was rated as good for this population group.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 provider was rated as good for this population group.

- The practice carried out advance care planning for patients living with dementia.
- 69% of patients diagnosed with dementia whom had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG and national average 89% and 84% respectively.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example a nominated GP from the practice visited a local residential home twice a week.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 76% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) which was lower than the CCG and national average of 89% and 89% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Good



# Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or below local and national averages. A total of 254 survey forms were distributed and 113 were returned. This represented a 44.5% response rate.

- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 60% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 76% and 79% respectively.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. The majority of respondents rated the overall service provided as excellent or very good.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients told us it was difficult to get through to the practice on the telephone in the morning.

# Gorton Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Gorton Medical Centre

Gorton Medical Centre is based in Gorton, Manchester. It is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has 8246 patients. The practice provides services under a General Medical Services contract, with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 74 years for males and 79 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were generally similar to the average GP practice in England. There were a higher number of female patients aged 25 to 35 years of age and a higher number of children aged zero to nine years old. The practice had a higher percentage (8%) of its population claiming disability allowance than the England average (5%).

The service is within a double storey older style building. The ground floor of the building is not easily accessible to pushchairs and wheelchairs. There is a ramp but this has a small turning space. There is a toilet with access for wheelchair users, which also has a baby-changing unit.

There is no parking available for patients. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors. Three GP consulting rooms are situated up a steep set of stairs on the first floor.

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

The practice is open Mondays to Fridays from 8am to 6pm. In addition to pre-bookable appointments that can be booked up to a month in advance, urgent appointments are also available for people that need them such as young children or the elderly. Appointments can be booked online and home visits and telephone consultation services are also available. Out of hours cover is provided by the NHS 111 service and patients can access the local walk in centre at the local hospital trust.

## Why we carried out this inspection

We undertook a comprehensive inspection of Gorton Medical Centre on 11 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, responsive and well led services.

We issued requirement notices to the provider in respect of safe care and treatment, good governance and fit and proper persons employed. We undertook a follow up inspection on 27 March 2017 to check that action had been

# Detailed findings

taken to comply with legal requirements. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Gorton Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as the local CCG to share what they knew. We carried out an announced visit on 27 March 2017.

During our visit we:

- Spoke with a range of staff including two GPs, the practice nurse, a healthcare assistant, reception staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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 living 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

At our previous inspection on 11 February 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of assessing 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.

These arrangements had significantly improved when we undertook a follow up inspection on 27 March 2017.

### Safe track record and learning

- There was a system 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. However; the system for monitoring safety alerts required the confirmation that action had been completed.
- We found significant events and incidents were recorded and investigated as required, however again confirmation of learning from these required better documentation.

### Overview of safety systems and processes

- The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff safeguarding flow charts detailing the referral process were displayed in offices, treatment and consulting rooms. 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 or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurse were trained to child protection or child safeguarding level three. All non-clinical staff had achieved level one or level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene.
- We observed the premises to be clean and tidy. There were clinical and non-clinical cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit was carried out in August 2016 by a specialist health protection nurse.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the Greater Manchester Medicines Management Group (GMMMG) pharmacist. There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

## Are services safe?

with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- We reviewed four personnel files for staff who had been employed at the practice for a number of years. We also saw the file of a newly appointed salaried GP and found appropriate recruitment checks had been undertaken prior to employment. The practice manager had developed a recruitment checklist to ensure all the necessary documents were in place for any new staff. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

- There were procedures for assessing, monitoring and managing risks to patient and staff safety.
- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements 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 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

At our previous inspection on 11 February 2016, we rated the practice as requires improvement for providing effective services as all staff had not had an appraisal and the practice could not demonstrate how they ensured staff received role specific training updates. There were no records for locum GP checks and the practice staff could not provide a locum induction pack.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 77% of the total number of points available which was below the clinical commissioning group (CCG) average of 95% and national average of 95%. The practice provided unverified data during the inspection to show this figure had improved to 82% for 2016/17.

Performance for diabetes related indicators was similar to or below the CCG and national averages. For example;

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 71% which was similar to the CCG and national average of 75% and 78% respectively.

Performance for mental health related indicators was below the CCG and national averages. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 69% in comparison to the CCG and national average of 89%. The lower result may have been partially due to the low use of exception reporting by the practice in this indicator (practice 5%, CCG 12% and national average of 13%).

Performance for long term conditions health related indicators were below the CCG and national averages. For example;

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) was 57% which was significantly below the CCG and national average of 88% and 90% respectively.

There was evidence of some quality improvement work having been undertaken. There had been three clinical audits commenced in the last two years, two of these were completed audits. However there was little evidence to demonstrate sustained improvement overall.

### Effective staffing

We spoke with staff who told us they had access to a new on-line training system and were working through the training identified during appraisal. Staff told us the practice manager who was appointed in June 2016 was supportive and approachable. The practice manager told us they were looking into providing protected time for staff to complete training. A new training matrix had been developed and the practice manager was in the process of adding all training completed by staff. In addition the practice had developed a locum induction pack.

Evidence reviewed showed that staff had the skills and knowledge 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.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had received training in areas such as respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- 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 of the partners told us they had faced challenges in their attempts to appoint a second practice nurse because of a general shortage of practice nurses in the Manchester area.

### 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.
- From the examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### 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 and signposted those to relevant services. 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. The practice also offered services for people who needed travel vaccinations, sexual health advice and immunisation advice.

The practice's uptake for the cervical screening programme was 83%, which was above the CCG average of 78% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening

## Are services effective?

(for example, treatment is effective)

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. There were failsafe systems 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 immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

for the vaccines given were better than CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 96% to 97% and five year olds from 91% to 94%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The 11 patient Care Quality Commission comment cards we received were positive about the service experienced.

We spoke with eight patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Some patients commented on the difficulty they had experienced getting through to the practice on the telephone in the mornings.

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

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 92%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 83% and 85% respectively.

- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.

95% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.

97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 88% and 91% respectively.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the local care home staff praised the care provided by the practice. They told us two GPs usually visited and were being recognised by the people who lived at the home. The service was accessible and GPs visited when requested in addition to their regular visits. Staff told us that people presenting with chest infections who would previously have been admitted to A&E had been successfully treated at home.

### 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 above local and national averages. For example:

## Are services caring?

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 80% and 82% respectively.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 91%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 83% and 85% respectively.

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

- Staff told us that telephone interpretation 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. For example; carer's support, Macmillan, family counselling and crisis point a mental health support organisation.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers this represented 0.5% of the practice list. Written information was available within the practice to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice manager told us this was an area they would like to develop, for example, by identifying all carers and offering longer appointments with clinical staff.

Staff told us that if families had experienced 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

At our previous inspection on 11 February 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving. In addition there was no evidence to demonstrate that lessons from the concerns and complaints were learned and shared with the whole team.

These arrangements had significantly improved when we undertook a follow up inspection on 27 March 2017. The practice is now rated as good for providing responsive services.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered some early morning appointments starting at 8am and late evening appointments up to 8pm. Two GPs offered these sessions. There was a GP on call each day to provide telephone consultations and emergency appointments.
- There were longer appointments available for patients with a learning disability.
- The practice provided specialist focussed care two days per week, for example, treating patients with addictions such as substance misuse. Patients were directed to other support services such as drug and alcohol teams.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice was participating in the nursing home project and carried out twice weekly review visits to a local residential care home.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.

- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice was within a double storey older building. The ground floor of the building was not easily accessible to pushchairs and wheelchairs. We observed that patients with pushchairs struggled to navigate through the doorway. The GP partner told us there were plans to relocate the practice along with community services such as a library and social services, into a new building. A site had been identified but building work had not yet commenced.
- There was a toilet with access for wheelchair users, which also had a baby-changing unit.
- There was no lift for people with mobility issues. Three GP consulting rooms were situated up a steep set of stairs on the first floor. If someone with mobility issues asked for a specific GP, then the GP would try to use a consulting room on the lower ground floor.

### Access to the service

The practice was open Mondays to Fridays from 8am to 6pm. The practice closed from 12 noon until 1pm with no appointments or telephone services during this time. Patients contacting the practice between 12 noon and 1pm were transferred to the GotoDoc service. Pre-bookable appointments could be booked up to a month in advance and urgent appointments were also available for people that needed them such as young children or older people. Appointments were bookable online and home visits and telephone consultation services were also available.

Patients were able to request an appointment with a preferred GP, however, if that GP was not available, especially if booking an urgent appointment, an appointment with another GP was offered.



# Are services responsive to people's needs?

## (for example, to feedback?)

When the practice was closed out of hours cover was provided by the NHS 111 service and patients could access the local walk in centres at Manchester Royal Infirmary.

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

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone which was worse than the CCG and national average of 74% and 73% respectively.
- 60% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 71% and the national average of 76%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 89% and the national average of 92%.
- 60% of patients described their experience of making an appointment as good which was below the CCG average of 70% and the national average of 73%.
- 63% of patients said they don't normally have to wait too long to be seen which was better than the CCG average of 48% and similar to the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them although some patients told us they had difficulty getting through to the practice on the phone.

The practice had a system to assess:

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

For home visits patients had to call in the morning as early as possible and the GPs triaged the calls to make an informed decision on prioritisation according to clinical need. 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 a system for handling complaints and concerns.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters displayed and a complaint summary leaflet was available.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. We found that complaints were discussed at clinical and non-clinical meetings and lessons were learned from individual concerns and complaints.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 11 February 2016, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements. Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were poor and not embedded.

These arrangements had improved when we undertook a follow up inspection on 27 March 2017. For example; policies and procedures had been reviewed and updated. However, we found the provider was still rated as requires improvement 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 clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice lacked a clear documented overarching governance framework to support the delivery of the strategy and ensure consistent good quality care.

- We saw significant events were reported and investigated however, there was no evidence to demonstrate any learning or improvements made following incidents and significant events. For example; in one significant event report we saw there were two patients with the same name at the same address; and an injection was administered to the wrong patient. Following this incident the practice reinforced with staff that name address and date of birth must be checked and an alert placed on the patient's records to show where patients had the same name. The actions section of the report was not fully completed and there was no evidence to demonstrate proposed actions were carried out or fully embedded in practice.
- We found another incomplete significant event report where a patient had an urgent referral to hospital for investigations. Scan results were received at the practice

had been filed in the patient's notes and missed creating a delay in treatment for the patient. Lack of audit around significant events meant the practice could not monitor quality or identify if staff had specific training needs to ensure issues identified as significant events were not repeated.

- There was no evidence to demonstrate any improvements were implemented or monitored following audits.
- Patient safety alerts were received and emailed to clinicians however there was no evidence to demonstrate if or how these were acted upon.
- We saw evidence that meetings were taking place but the minutes were brief and did not record actions or indicate who was responsible for any actions.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example; GPs took lead roles for safeguarding, information governance and the nursing home project and the practice manager was lead for QOF.
- Practice specific policies were implemented and were available to all staff. These had been updated and reviewed in 2016 and 2017.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

### Leadership and culture

Staff told us the partners were very approachable and always took the time to listen to all members of staff. Staff told us they had seen some good improvements in their work life since the current practice manager took up post in June 2016.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of five documented examples we reviewed we found that the practice had systems 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.



# Are services well-led?

Requires improvement 

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- 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. Minutes were available for practice staff to view however, these were not detailed and did not specify actions or who was responsible for actions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff told us they were becoming more involved in discussions about how to run and develop the practice.

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

There was no evidence to demonstrate that the practice encouraged and valued feedback from patients and staff.

- The practice patient participation group (PPG) had not met for approximately 18 months. The practice manager told us they were looking at ways to improve PPG involvement in the practice. There was a comments and complaint box at reception and the NHS Friends and Family test (FFT) comment cards were available for patients to complete.
- The practice gathered feedback from staff through staff meetings, however, this was not formally recorded in minutes of staff meetings. Staff also had the opportunity to feedback during appraisals and discussion. Staff told us they felt more comfortable giving feedback and discussing any concerns or issues since the appointment of the practice manager in June 2016. Staff told us they felt more involved in how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was working with a local care and nursing home on a routine basis. The GPs were signposted to any patients who required follow up to avoid unplanned admissions to hospitals. An active case manager worked within the practice to support better chronic disease management for the housebound and at the surgery.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was not a clear process for the monitoring of and learning and improving from incidents and significant events. Also, staff were not all made aware of the decisions made and changes in practice required as a result of discussions about incidents and significant events.</p> <p>This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

### 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.