

Hattersley Group PracticeHattersley Group Practice

Quality Report

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

Summary of findings

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Summary of findings

Overall summary

Hattersley Group Practice is located in the Hattersley area of Hyde. It provides primary care services to 5460 patients.

We inspected the service on 30 May 2014 and we spent the day at the location. All the regulated activities the provider was registered to provide were inspected. These were diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder and injury.

The practice was accessible to patients with physical disabilities. All areas were visibly clean, hand-washing facilities were in each clinical room and all areas relating to the prevention and control of infection had been considered.

Appointments could be booked up to two weeks in advance and 'on the day' urgent appointments were also available. Telephone consultations had been introduced in the twelve months prior to our inspection so that patients were able to speak with a GP who would make them an appointment if this was necessary.

As part of the inspection we spoke with nine patients, and also took into account the comments made by 11 patients on comments cards that had been completed prior to our inspection.

We found that four regulations of the Health and Social Care Act 2008 were not being met:

- An effective system to regularly assess and monitor the quality of the service was not in place. The views of patients were not sought so the provider could not have an informed view of what patients thought about the service. Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- There was a complaints system in place but this was not adequately brought to the attention of patients. Complaints were not always fully investigated with no record being kept of verbal complaints. Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Pre-employment checks were not always carried out to ensure staff had the required skills, experience and qualifications for their role. Criminal records checks had not been carried out for staff who had one to one contact with patients. Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- There was no system in place to ensure staff received appropriate training or professional development. Staff had not had a supervision or appraisal meeting with their line manager for over two years. The practice manager was not line-managed and did not receive support in the form of training or supervision meetings. Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 service was mostly safe. The practice was clean and well-maintained. There were systems in place to ensure the safety of the building and equipment. Medicines were correctly stored. Staff had been trained in safeguarding children and they were aware of the safeguarding procedures for reporting concerns relating to vulnerable adults or children.

We found there was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Criminal records checks had not been carried out for some staff who provided one to one care to patients. Although there was a recruitment policy in place we saw that this had not been followed for the most recently recruited staff member; some of the pre-employment checks had not been carried out. In addition, information specified in Schedule 3 of the Act was not all available for staff. This included proof of identity and a recent photograph.

Are services effective?

The service was mostly effective. Care planning was starting to be introduced for patients with long term conditions and care pathways were in place to ensure the individual needs of patients were met. Some clinical audits were carried out. The practice worked with other services in the area.

We found there was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were no arrangements in place to ensure staff were supported by receiving appropriate training, supervision or appraisal. There was no system in place to ensure the practice nurses continued to meet the professional standards that were a condition of their ability to practice.

Are services caring?

The service was caring. The feedback we received from patients was mainly complimentary. We observed patients being treated respectfully, and arrangements were in place to maintain patients' privacy and dignity. Staff had a good understanding of consent although training in the Mental Capacity Act 2005 had not been provided.

Are services responsive to people's needs?

The service was responsive in some parts of its delivery but not others. The practice was accessible for patients with physical disabilities. There was a hearing induction loop for patients with

Summary of findings

hearing aids and translation services were available, including sign language interpreters, when required. There was a designated GP each day for urgent 'on the day' appointments. A telephone consultation service had been introduced so that all patients who required an urgent appointment could as a minimum speak with a GP.

We found there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The complaints system was not adequately brought to the attention of patients. Complaints were not always fully investigated and there was no record kept regarding the satisfaction of the person making the complaint.

Are services well-led?

The service was not well led. Staff did not have personal objectives and most had not had an appraisal meeting with their line-manager for over two years. The GPs met with the practice manager but there were no other staff meetings or formal ways of ensuring staff were kept up to date with developments within the practice.

We found there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Systems were not in place to regularly assess and monitor the quality of services provided. The views of patients were not sought so the provider was unable to come to an informed view in relation to the standard of care and treatment provided. Comments made by patients were not taken into account to assess the quality of the service.

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

We saw that until January 2014 a record was kept of all patients over the age of 75 years who had been discharged from hospital. It was recorded if the provider had reviewed the patient within seven days of their discharge, if the patient was readmitted within 30 days of their discharge and if there was adequate social support in place at the time of discharge. The practice manager told us this information was kept and forwarded to the Clinical Commissioning Group (CCG) with a view to reducing the number of attendances at the local Accident and Emergency (A&E) department. They told us the CCG no longer requested this information.

People with long-term conditions

The practice nurses held clinics for patients with long term conditions, such as asthma and chronic obstructive pulmonary disorder (COPD). Patients were monitored and could access a practice nurse in-between scheduled appointments if they had any concerns.

One of the GPs we spoke with told us they were starting to use care planning, especially for long term conditions such as diabetes. However, the other GP we spoke with told us they did not use care planning because patients were not engaged with the idea.

Mothers, babies, children and young people

Ante-natal clinics were held at the practice and the practice nurse carried out immunisations according to the childhood immunisation programme. We saw evidence that young children were seen by a GP on the day a parent requested it even if all scheduled appointments were booked up.

The working-age population and those recently retired

The practice did not offer any out of hours appointments and we saw it was difficult for patients to access late afternoon appointments.

People in vulnerable circumstances who may have poor access to primary care

Although no official records of patient demographics were kept the GPs told us they knew who their disadvantaged patients were and made the necessary adjustments.

Summary of findings

We saw that translation services were available for patients who did not speak English as their first language or who required a sign language interpreter.

People experiencing poor mental health

One of the GPs told us they had an interest in mental health issues and were the lead GP for mental health at the practice.

Summary of findings

What people who use the service say

- On the day of our inspection we spoke with nine patients and reviewed the comments cards completed by 11 patients prior to the inspection day. The patients we spoke with included a mother with a baby, a wheelchair user, a patient who did not speak English as their first language and newly registered patients.
- The patients we spoke with had mainly telephoned the practice on the morning of our inspection and been given an appointment. One patient told us that was the best thing about the practice. Some of the patients completing comments cards told us accessing same day appointments could be difficult.
- Most patients commented positively about the service. They told us that GPs provided them with reassurance and listened to their issues. They also told us that they were treated well by staff.
- Patients told us they were appropriately referred to other services when required.
- The patients we asked told us they were unaware of how to make a complaint.

Areas for improvement

Action the service **MUST** take to improve

- An effective system to regularly assess and monitor the quality of the service was not in place. The opinions of patients were not sought so the provider could not have an informed view of what patients thought about the service. Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was breached.
- There was a complaints system in place but this was not adequately brought to the attention of patients. Complaints were not always fully investigated with no record being kept of verbal complaints. Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was breached.
- Pre-employment checks were not always carried out to ensure staff had the required skills, experience and qualifications for their role. Criminal records checks had not been carried out for staff who had one to one contact with patients. Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was breached.
- There was no system in place to ensure staff received appropriate training or professional development. Staff had not had a supervision or appraisal meeting with their line manager for over two years. The practice manager was not line-managed and did not receive

support in the form of training or supervision meetings. Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 was breached.

Action the service **COULD** take to improve

- There was no system in place to ensure the automatic external defibrillator, located in a clinic within the building, was ready for use, and no system to check the contents of all emergency medical boxes were in-date.
- There was no system in place to ensure new guidance, including National Institute for Health and Care Excellence (NICE) standards, or feedback about issues regarding the practice, were disseminated to all relevant staff.
- Care planning was not widely used to help patients manage their day to day needs for long term conditions.
- Use of read coding, to ensure all available relevant information was used during the consultation, screening and diagnosis process, was not widely developed.
- Information on the website and within the practice leaflet was not up to date.

Hattersley Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The inspector was accompanied by a GP and an Expert by Experience. Experts by Experience are people who have experience of using care services.

Background to Hattersley Group Practice

Hattersley Group Practice is located in the Hattersley area of Hyde in Cheshire. The practice is on the first floor of a building. It is accessible by a staircase or passenger lift. All consulting rooms are accessible to patients with mobility difficulties.

Three partners work at the practice and the practice is in the process of including the third partner on their Care Quality Commission (CQC) registration. There are also two practice nurses and a healthcare assistant.

Services are provided to 5460 patients.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before inspecting, we reviewed a range of information we held about the service and asked other organisations to share what they knew about the service. We carried out an announced inspection to the practice on 30 May 2014.

During our inspection we spoke with a range of staff including two GPs, a practice nurse, the practice manager, the healthcare assistant and three support staff. We spoke with nine patients. We observed how people were being cared for and reviewed policies and procedures at the practice. We held a listening event and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Summary of findings

The service was mostly safe. The practice was clean and well-maintained. There were systems in place to ensure the safety of the building and equipment. Medicines were correctly stored. Staff had been trained in safeguarding children and they were aware of the safeguarding procedures for reporting concerns relating to vulnerable adults or children.

We found there was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Criminal records checks had not been carried out for some staff who provided one to one care to patients. Although there was a recruitment policy in place we saw that this had not been followed for the most recently recruited staff member; some of the pre-employment checks had not been carried out. In addition, information specified in Schedule 3 of the Act was not available for all staff. This included proof of identity and a recent photograph.

Our findings

Safe patient care

We saw that safety incidents had been recorded in an incident book kept with the reception staff. No incidents had been recorded for several months. Staff were unsure if there had been no incidents or if incidents were not recorded in an easily accessible manner. Staff told us there was no formal way for them to receive feedback following incidents being reported. At times the practice manager verbally fed back to available staff, and sometimes emails were sent.

Learning from incidents

We saw that significant events were recorded by the practice. The specific issues, key risks, action required and learning outcomes were documented. We saw evidence that significant events were discussed at practice meetings held between the GPs and the practice manager which showed the practice was discussing solutions to issues as part of a learning process.

Although meetings were held between the GPs and the practice manager meetings were not held for other staff at the practice, including the practice nurses.

Safeguarding

We saw the training records for safeguarding kept by the practice manager. This provided evidence that the GPs, practice nurses and the healthcare assistant had child protection training in 2012 and other staff had child protection training in 2013.

We saw the Safeguarding Children Policy for the practice. This stated that there would be an annual safeguarding children training session that all staff must attend. The training records contradicted this, stating that clinicians should be trained every two years and other staff every three years. The Safeguarding Children Policy was a lengthy document. It contained instructions to follow if a staff member suspected a child or vulnerable adult was at risk or being abused but these were difficult to find within the policy. It also included advice about how to identify abuse or the risk of abuse. One staff member told us the procedure often changed so they would always read the policy prior to taking any action.

One of the GPs was the safeguarding lead for the practice. They were named in the Safeguarding Children policy and most of the staff we spoke with, including the practice

Are services safe?

manager and practice nurse were aware of this. We spoke with two other GPs during our inspection. One thought they were the safeguarding lead and said they had received training. The other GP and one staff member also named this GP as the safeguarding lead. It is important that the practice has a safeguarding lead that is known to all staff so that staff receive consistent information and any issues are collated by one person to avoid duplication and confusion.

The practice manager told us that training in safeguarding vulnerable adults had not been provided for any staff, but they knew this must be arranged. However, we spoke with four staff members and they all had a good understanding of the action they should take to safeguard children and vulnerable adults. The staff we spoke with were aware of how to contact the Clinical Commissioning Group (CCG) if they needed further advice about any aspect of safeguarding.

During the inspection the practice manager told us they had never had to make any safeguarding referrals. However, following our inspection one of the GPs told us occasional referrals had been made and the protocol had been followed.

Monitoring safety and responding to risk

We saw that the majority of staff had been trained in cardiopulmonary resuscitation (CPR). Training records showed that clinical staff should be trained annually and administration staff every three years. The training for clinical staff had been due in January 2014. The practice manager told us that it had been decided all staff would receive training together, and this had been arranged for the week following our inspection.

Medicines management

We checked the medication that was kept at the practice. The medicines were all within their “use by” date and were appropriate for dealing with emergencies that the GPs may encounter.

Emergency medical boxes were kept in a treatment room and behind the reception desk. All the staff we asked were aware of where they were kept. We saw that the practice nurse checked the box kept in the treatment room and a record of this was kept. The practice manager told us the practice nurse also checked the emergency box kept behind the reception desk. However, this box contained several out of date hypodermic needles and other

equipment, with one needle having an expiry date of December 2009. Using equipment beyond its expiry date can cause harm to patients. The practice removed this box while we were on the premises.

We saw that the temperatures of all the clinical fridges in the practice were checked daily. The temperatures recorded were all within safe levels. The practice nurse and healthcare assistant carried out the temperature checks. They were both aware of what the safe temperatures were and what action they should take if it was found the temperature was too high or low.

The practice nurse told us they regularly checked the stock of medication kept in the fridges. They said they checked there was enough stock held but did not actually record how much of each medication, such as vaccines, was available in the fridges. However, we saw that all fridges were kept locked and only authorised staff had access to the keys.

Minutes of the meetings held between GPs and the practice manager provided evidence of checks being carried out to ensure GPs did not have access to out of date medicines. The practice nurse kept a record of expiry dates so they could be replaced at the required times.

Cleanliness and infection control

During our inspection we looked at all areas of the practice, including the GP surgeries, treatment rooms, patients’ toilets and waiting areas. All appeared visibly clean and were uncluttered. We saw that a contract cleaner had started working at the practice two weeks prior to our inspection following the retirement of the previous cleaner. A cleaning schedule was in place detailing specific cleaning tasks to be undertaken at different intervals. The cleaner signed to say they had performed their tasks each day and the practice manager told us they were monitored by the company cleaning supervisor.

We saw that hand wash basins were available in all GP surgeries and treatment rooms. Liquid soap, paper towels and alcohol hand gel were provided next to each hand wash basin, and hand washing guidance was also displayed. Waste bins were in each room and all clinical waste bins were controlled by a foot pedal and had the appropriate liner in place. Sharps disposal bins were in each room. In all cases these were attached to the wall and

Are services safe?

had been noted when they were put into use. Disposable curtains were around all the examination couches. These were dated as being changed during the month of our inspection.

We saw the infection control policy that was in place. The policy, which was version one, was dated 23 December 2014, therefore several months after our inspection. The policy stated that on-line infection control training would be provided for all staff, and this would be refreshed every year. The practice manager told us that infection control training had only recently been introduced. We saw evidence that the first on-line training had taken place on 21 May 2014 with the most recent being completed the day prior to our inspection. One staff member told us they had not had the time to complete their training. The infection control records we saw showed that clinical staff had level one and two infection control training with other staff receiving level one training.

The practice manager had carried out an infection control audit on 14 April 2014, and a score of 96% was achieved. A record was kept of action that would be taken where improvements could be made.

Staffing and recruitment

We saw that the practice had a comprehensive recruitment policy in place, dated December 2013. In addition, the Safeguarding Children Policy stated that as a minimum the practice would follow up two references for each new staff member. It also stated a Disclosure and Barring Service (DBS) check would be carried out for each new staff member who had contact with children. It was stated that this included receptionists. DBS checks enable employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. The practice manager told us they had decided all clinical staff should have an enhanced level check and all clerical staff should have a standard check. We saw evidence that this had been discussed at a meeting between the GPs and the practice manager on 2 February 2014, and it had been agreed the checks would be applied for as soon as possible.

We looked at a selection of staff files. Most of the staff had worked at the practice for several years. None of the files we saw contained proof of identity or a photograph of the staff member. DBS checks had not been returned for either

of the practice nurses and the practice manager told us they had not previously requested a Criminal Record Bureau (CRB) check for them. CRB checks were carried out prior to December 2012 when the DBS was formed.

We looked at the file for the most recently recruited staff member who started work 6 May 2014. We saw a standard DBS check had been returned 22 May 2014. There were no references in the file. The practice manager told us they had not followed up references in this case as the staff member had been “taken on quickly”.

The practice manager told us they checked the registration status of the GPs and nurses “about every year” but they did not keep a record of this.

By not carrying out the appropriate checks and not keeping accurate records of checks completed the provider was breaching Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Dealing with Emergencies

There was a business continuity plan in place to deal with emergencies that might interrupt the smooth running of the service. This covered the action to be carried out during emergencies such as loss of the building, loss of computer systems, or the loss of utilities such as electricity, gas and water. Information was also given about what to do if GPs or other staff were incapacitated.

We saw that the practice had fire safety measures in place and the fire alarm systems were tested weekly. The practice manager monitored these.

Equipment

We saw that fire equipment checks, such as extinguishers and smoke alarms, were up to date. Maintenance contracts were in place to ensure that equipment was regularly tested and could be repaired when necessary.

Equipment was in place for use in an emergency. All staff knew where the oxygen was kept and we saw the oxygen level and availability of child and adult masks had been checked in the week prior to our inspection. An automatic external defibrillator was kept in a clinic in the same building as the practice. The practice manager told us the clinic had the same opening hours as the practice so the defibrillator was always available. We saw that it was easily accessible and could be collected and taken to the practice in less than a minute. The clinic staff were responsible for checking the defibrillator was ready for use and the pads

Are services safe?

were in-date, and the practice manager told us the practice did not check it themselves. We saw that clinic staff performed these checks daily. However, the checks recorded that there were no issues but the pads for use on children were out of date and new ones had been ordered.

All medical equipment was tested and calibrated every year. We saw records to evidence that equipment such as nebulisers, ear syringes and scales had been tested and calibrated in October 2013.

Electrical equipment had an annual portable appliance test (PAT). We saw that this was recorded and each piece of equipment had a sticker on it to confirm it had been tested in the previous year.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was mostly effective. Care planning was starting to be introduced for patients with long term conditions and care pathways were in place to ensure the individual needs of patients were met. Some clinical audits were carried out. The practice worked with other services in the area.

We found there was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were no arrangements in place to ensure staff were supported by receiving appropriate training, supervision or appraisal. There was no system in place to ensure the practice nurses continued to meet the professional standards that were a condition of their ability to practice.

Our findings

Promoting best practice

We spoke with two of the GPs at the practice. We found that there was no dissemination system for new guidance, and there was no evidence seen that care and treatment was delivered in line with best practice standards and guidelines.

One of the GPs we spoke with told us they were starting to use care planning, especially for long term conditions such as diabetes. A care plan is an agreement between a patient and the GP to help the patient manage their day to day health needs. The other GP we spoke with told us they did not use care planning because patients were not engaged with the idea. However they did say they had clear care pathways in place. Care pathways ensure the individual needs of the patient are assessed and a local service that can meet those needs in the appropriate timeframe is identified.

One of the GPs told us they had an interest in mental health issues and were the lead GP for mental health at the practice. One GP was the diabetes lead for the Tameside and Glossop Clinical Commissioning Group (CCG).

Management, monitoring and improving outcomes for people

We saw that the provider carried out some clinical audits. The GPs told us that anticoagulant, disease-modifying antirheumatic drugs (DMARD) and hypertension audits had been carried out. They told us that as a result of the anti-coagulant audit the way patients on the medication were coded was standardised. Although we saw that clinical audits were carried out we saw no evidence of a plan of audits being in place.

We saw that read coding was poor and was usually completed when a patient was diagnosed, not when they presented with symptoms. Read codes are a set of clinical codes designed in primary care to record the everyday care of a patient. Using read codes during the processes of care, for example to record history, symptoms and screening, can improve patient care by ensuring judgements are based on the best possible information available.

The practice nurse told us they held various clinics for patients with long term conditions. These included chronic obstructive pulmonary disease (COPD), diabetes and asthma. They received an alert when a patient was due an

Are services effective?

(for example, treatment is effective)

appointment to monitor their long term condition. The practice nurse told us they knew their patients well and patients were able to contact them in-between their regular appointments if they needed to discuss any aspect of their care. If they had any concerns about a patient's progress they could see them in a shorter timeframe so their condition could be closely monitored.

Staffing

We saw there was an induction programme in place for all new staff members. We saw evidence that the most recently recruited staff member, who started work in May 2014, had followed the induction programme.

The practice manager told us they were responsible for carrying out the appraisals for all staff except the GPs. They said these should have been carried out annually but they were behind with them at the time of the inspection. We checked the files of six established staff members and saw that two had an appraisal in March 2011 with the others having an appraisal during 2012. Neither of the practice nurses had had an appraisal for over two years. The staff we spoke with confirmed they had not had an appraisal for some time and had no formal meetings with the practice manager. However, they said they felt able to approach the practice manager at any time if they had any concerns.

The practice manager told us that although they were responsible for carrying out appraisals for the nursing staff they did not feel qualified to do this. They said they did not have an understanding of continuing professional development (CPD) and would need to ask the GPs for support with this.

Most staff told us they had a job description but had not been set any personal work objectives. The practice manager told us they did not have a line manager, did not have any objectives and had not had an appraisal since before 2007, when they took over in the post of practice manager. There was no programme of training in place for the practice manager and they were not included in the training records for mandatory training such as cardiopulmonary resuscitation (CPR) and safeguarding.

We saw that some training records were kept for infection control, CPR and safeguarding children, but the practice manager told us no other records were kept. There was no record of when staff had completed fire training or when it was next due. The staff we spoke with were unsure about what training they had received. One staff member told us

they used to have a training session every six weeks but these were stopped last year. The practice manager told us they thought two staff members had received chaperone training but they had not kept a record of when they attended. However, the staff we spoke with all told us they had received chaperone training, with one saying it was in the last year.

The learning needs of staff had not been identified and training based on positive outcomes for patients had not been considered. The Registered Manager said they thought the practice manager carried out training in-house for the practice staff, but this did not happen.

There was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were no arrangements in place to ensure staff were supported by receiving appropriate training, supervision or appraisal. There was no system in place to ensure the practice nurses continued to meet the professional standards that were a condition of their ability to practice.

Working with other services

One of the GPs was the Hyde locality lead for the Tameside and Glossop CCG. The role of the locality lead for each area within the CCG was to liaise between the CCG board and the locality practices to ensure any decisions made reflected local issues and needs.

One GP told us that the practice had a good relationship with the district nurses, health visitors and Macmillan nurses, who were all based in other buildings. Another GP told us that although they worked with the district nurses the relationship could be improved.

Both the GPs we spoke with described the handover arrangements and communication between the provider and the out of hours service. They told us that the arrangement worked well. They also described the arrangements they had with the local hospital and the out of hours service for ensuring terminally ill patients received continued care according to their wishes. The provider attended formal CCG Gold Standards meetings every three months. The Gold Standard Framework is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.

Are services effective?

(for example, treatment is effective)

Patients we spoke with told us they thought they had been appropriately referred to other services and they spoke positively about their experiences when the GP had arranged for them to be treated by other services in the area.

Health, promotion and prevention

The practice manager described the procedure for new patients joining the practice. New patients were asked to complete the necessary registration forms then they were asked to attend a new patient medical check with the healthcare assistant. The healthcare assistant told us this check included taking a medical history from the patient, taking details of medication, recording weight, height, blood pressure, smoking status and alcohol consumption. They directed patients to other services, such as the smoking cessation service, if this was appropriate and they

made an appointment for the patient to see a GP if required. We spoke with two patients who had joined the practice within the month prior to our inspection. One told us they had been given an appointment for a new patient check when they had requested to see a GP and the other told us they had not been asked to attend a new patient check.

We saw there were a large number of information leaflets in the waiting area. These included information on childhood health advice, meningitis, weight management and sexual health.

We asked the GPs about health promotion within the practice. One told us they found health promotion difficult due to the patient population and the other said “We don’t have enough time for health promotion”.

Are services caring?

Summary of findings

The service was caring. The feedback we received from patients was mainly complimentary. We observed patients being treated respectfully, and arrangements were in place to maintain patients' privacy and dignity. Staff had a good understanding of consent although training in the Mental Capacity Act 2005 had not been provided.

Our findings

Respect, dignity, compassion and empathy

We saw the interactions between staff working on the reception desk and patients. We saw that patients were spoken to in a friendly but professional way and they were treated respectfully.

The reception desk was positioned to one side of the waiting room. It was possible for patients in the waiting room or queuing at the reception desk to overhear conversations. However, all staff told us there was a private room available if required and they would always offer this room to patients if they needed to ask questions of a personal nature. There was an electronic check-in system for patients to use. We observed that most patients were able to use this system to check in without difficulty.

Consultations took place in private purposely designed rooms. Each consultation room contained an examination couch with a curtain to maintain privacy and dignity. There was a notice at the reception desk to inform patients they should inform a receptionist, GP or nurse if they wanted someone else present while an examination took place. Although records had not been kept all the reception staff we spoke with told us they had received chaperone training. They were all able to correctly describe their role as a chaperone and they had a good understanding of how to maintain the dignity of patients. They all told us they would record their presence in the patients' notes following chaperoning them.

Staff told us that patients were able to request a GP of their gender choice. On occasions they would not be able to give 'on the day' appointments with the requested GP but staff told us that patients' requests were usually able to be fulfilled within a couple of days.

We asked the practice manager about support provided to bereaved patients. They told us that they did not make any referrals to bereavement counsellors and if a patient needed support they would "give them a leaflet or refer them to MIND (a national charity that gives support to people experiencing mental health problems)".

The patients we spoke with were complimentary about the reception staff. Patients who completed comments cards also had positive things to say about the staff. Staff were described as "warm", "respectful" and "very helpful".

Are services caring?

Involvement in decisions and consent

The GPs and practice nurse that we spoke with had a good understanding of consent. They told us that most consent was given verbally but they were aware of when consent should be recorded and when a patient should sign to formally give their consent prior to a procedure being carried out. GPs told us that if a patient had difficulty understanding a consultation, for example if they had learning disabilities, they were always accompanied by a care worker. The practice manager told us formal training on the Mental Capacity Act 2005 had not been provided but the GPs would know what action to take if they felt a patient was unable to understand a consultation or consent to any examination or procedure.

The last NHS GP Patient Survey was carried out in 2013. The results from this showed that 69% of patients rated the GP as 'good' or 'very good' at involving them in decisions about their care, and 67% of patients rated the nurse as 'good' or 'very good' when asked the same question.

The patients we spoke with during our inspection told us they were happy with the services provided at the practice. Patients told us they were given appropriate advice during their consultations and had been given choices about what treatments they could access and where they could be referred for treatment or investigations on other locations.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive in some parts of its delivery but not others. The practice was accessible for patients with physical disabilities. There was a hearing induction loop for patients with hearing aids and translation services were available, including sign language interpreters, when required. There was a designated GP each day for urgent 'on the day' appointments. A telephone consultation service had been introduced so that all patients who required an urgent appointment could as a minimum speak with a GP.

We found there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The complaints system was not adequately brought to the attention of patients. Complaints were not always fully investigated and there was no record kept regarding the satisfaction of the person making the complaint.

Our findings

Responding to and meeting people's needs

The practice manager told us that no official data was kept on the demographics of their patients. They told us they had very few patients who did not speak English as their first language. They also said the area had very few homeless people or travellers but specific consideration had not been given to these groups of people.

We spoke with two of the GPs at the practice. They told us they understood the needs of their patients and were able to make necessary adjustments when required.

The practice was located on the first floor of a building. There were automatic doors at the entrance to the building and the practice was reached via a staircase or passenger lift. Access was easy for people with using a wheelchair or pushing a pram. We observed patients attending the practice in self-propelled and electric wheelchairs and they did not appear to have any difficulties negotiating their way around the building.

There was a hearing induction loop in the reception area for the benefit of patients wearing a hearing aid. Patients' toilets were available including a toilet that had been designed to accommodate people with physical disabilities. There was adequate seating throughout the practice. However, we did not see any variety in the seating offered. For example, the seats did not have arms which could make it difficult for some patients to rise from their seat.

Although we were told that very few patients did not speak English as their first language, all the staff we spoke with were aware of how to access an interpreter service when required. Staff told us that if a patient required an interpreter this was noted on their electronic records so the practice was alerted to it at the time an appointment was being booked. They described the process for accessing a sign language interpreter when one of their deaf patients required an appointment.

We asked the practice manager about the care and support given to patients who had been discharged from hospital. They told us that support was not provided unless it had been specifically requested.

We saw that until January 2014 a record was kept of all patients over the age of 75 years who had been discharged

Are services responsive to people's needs?

(for example, to feedback?)

from hospital. It was recorded if the provider had reviewed the patient within seven days of their discharge, if the patient was readmitted within 30 days of their discharge and if there was adequate social support in place at the time of discharge. The practice manager told us this information was kept and forwarded to the CCG with a view to reducing the number of attendances at the local Accident and Emergency (A&E) department. They told us the CCG no longer requested this information.

Access to the service

We saw that routine appointments could be booked up to two weeks in advance. The practice manager told us that they did not allow patients to book further ahead than two weeks due to the number of patients who would not attend.

The practice manager explained that one GP each day was 'on call' and they only dealt with patients who had telephoned for an appointment that day. The other two GPs had half of their appointments allocated for patients who needed an 'on the day' appointment and the other half allocated to pre-bookable appointments.

Staff told us that approximately a year ago they realised there weren't enough appointments for the number of patients requesting one. A telephone consultation system was introduced so any patient requesting an on the day appointment would as a minimum receive a telephone call from a GP. Patients were also able to request a telephone, rather than a face to face consultation if they preferred.

Most of the patients we spoke with during our inspection had telephoned the practice on the day of the inspection and had been given an appointment for the same day. One patient told us they thought the best thing about the practice was the availability of on the day appointments. Another patient told us that they had been told the appointments for the day were booked up, but when they explained their baby was ill they were given a time to attend. Some of the comments cards completed by patients stated it was difficult to get an appointment, with one patient saying they attended the practice at 7.55am, prior to the practice opening their telephone lines at 8am, because it was very difficult to get through.

The 2013 NHS GP Patient Survey results showed that the practice was among the worst 25% nationally for the

experience of making an appointment and the ability to get through on the telephone. The practice had not carried out any further surveys or consultations to see there had been any improvement.

The practice did not have extended opening hours. The practice manager told us they used to have extended opening but this was stopped due to funding being withdrawn. The earliest GP appointment was 8.10am and the latest 5.40pm and these were available from Monday to Friday. A GP was available after this time in case a patient needed to be seen urgently prior to the out of hours service commencing. Staff told us they found access to GPs difficult in the afternoons because only one GP was available from 3.30pm. However, they said that any patient who telephoned and needed to be seen urgently would be fitted in. We observed one patient at the reception desk trying to make an appointment for a late afternoon. They were told that all the late afternoon appointments for the next two weeks were booked up and they would have to phone on the day to access one.

The practice had a website that gave information about the practice such as how to make an appointment and the clinics and staff at the practice. Some of the information on the website was out of date. For example, a GP that had left the practice some time ago was still mentioned as supervising one of the clinics. The website stated that appointments could be booked on-line. It was noted that nurse appointments should be booked with a nurse that provided the service the patient required. The practice manager told us this was because patients did not always book an appointment of the correct length of time. However, they said it was not noted how long an appointment a patient should book for each issue. They added that if the incorrect appointment length was booked the patient would be turned away which would mean a delay in them seeing a nurse or GP.

Information was available on the website and in the practice about how patients could access healthcare when the practice was closed. There was an out of hours service and also a walk in centre.

Concerns and complaints

We spoke with the practice manager about how they dealt with complaints. They told us that if a patient wanted to make a complaint they could ask a receptionist for a form. They told us there was a poster in the waiting room to bring the complaints' procedure to the attention of patients. We

Are services responsive to people's needs?

(for example, to feedback?)

did not see this in the waiting room. There was a notice behind a privacy screen at the reception desk that stated the practice had a complaints policy. This was not easily seen from the reception desk and did not state what the procedure was. The practice's website stated that a copy of the complaints' procedure could be obtained from reception. It did not provide patients with information about how to make a complaint.

We asked a small number of patients about the practice's complaints' procedure. They told us they did not know how to make a complaint, and one patient told us they did not know they were able to complain.

Staff told us that most complaints were made verbally at the reception desk. The practice manager told us they did not keep a record of these.

We looked at the record of complaints made between April 2013 and April 2014. We also looked in detail at the ten most recent complaints. We saw that the outcomes for all the complaints were recorded as 'not upheld'. However, the

information recorded about several complaints indicated that they had been justified. When we asked the practice manager about this they told us they had not understood the meaning of the term 'upheld' so the records were incorrect.

The complaints we looked at included two of a serious clinical nature. The recording of complaints was not consistent and enough information was not always given. We found that the methodology of openly assessing complaints and disseminating learning points was poorly understood and there was a lack of structure in responding to complaints in a timely manner.

We therefore found there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The complaints system was not adequately brought to the attention of patients. Complaints were not always fully investigated and there was no record kept regarding the satisfaction of the person making the complaint.

Are services well-led?

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

Summary of findings

The service was not well led. Staff did not have personal objectives and most had not had an appraisal meeting with their line-manager for over two years. The GPs met with the practice manager but there were no other staff meetings or formal ways of ensuring staff were kept up to date with developments within the practice.

We found there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Systems were not in place to regularly assess and monitor the quality of services provided. The views of patients were not sought so the provider was unable to come to an informed view in relation to the standard of care and treatment provided. Comments made by patients were not taken into account to assess the quality of the service.

Our findings

Leadership and culture

Most of the staff we spoke with were unaware that the practice had a set of values, also known as the Patient Charter. This was available on the website and an old GP Practice Standards document was also displayed in the waiting room. One staff member had heard of the practice values and was able to tell us what they were.

One GP told us “We have a good shared understanding of where the practice is going” but no further information was provided. The practice manager usually attended the monthly practice manager meetings at Tameside and Glossop Clinical Commissioning Group (CCG). One of the GPs also had regular contact with the CCG. This regular engagement with the CCG meant there was a platform for performance issues to be discussed and ideas about how to meet the needs of the local population could be shared.

We saw that one of the GPs planned to retire in approximately a year. One of the remaining GPs told us they needed to look at succession planning and they had arranged for the third GP to take over some roles.

Staff told us that although they had a job description they did not have any personal objectives. Most staff had not had an appraisal meeting with their line-manager for over two years. The practice nurses had also not been appraised for over two years. There was therefore no formal way to assess the quality of the service being provided by these staff.

The practice manager told us they did not have a line manager and had not had an appraisal since they took on the role in 2007. One of the GPs stated “We haven’t done [an appraisal] on the practice manager recently”. The practice manager told us they had not been set any personal objectives. It was clear that although they were behind with the appraisals for staff at the practice they provided staff with as much support as they were able to while carrying out their duties. The staff we spoke with and observed appeared committed and well-motivated. One staff member told us they worked well as a team and felt supported in their work, and another told us the practice manager’s door was always open and they were very approachable.

Are services well-led?

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

Governance arrangements

There was no clear allocation of management responsibilities within the practice. The GPs and staff were unclear about who the lead GP was in certain areas, such as safeguarding.

The practice manager told us that their job was not covered if they were off work. However, the reception manager told us they took over the day to day running of the practice if the practice manager was off work. We spoke with the Registered Manager prior to our inspection. Most of the services registered by the Care Quality Commission (CQC) are required to have a Registered Manager. The Registered Manager should be in day-to-day charge of carrying on the activities carried out by the provider. We asked them about an email we had sent them five days prior to our conversation. They told us they had not checked their emails; they said the practice manager usually did this for them but they had been on holiday. They also told us that the pre-inspection information that had been sent by the CQC to the practice, addressed to the Registered Manager, had been left for the practice manager to deal with on their return. This meant that important information being sent to the practice could be missed and this risk had not been identified.

The GPs we spoke with told us they had had their external annual appraisals. They also told us they did not undertake external peer review, which is the external review of an individual's performance by colleagues.

The GPs we spoke with told us that their performance was discussed at the meetings held between the GPs and the practice manager approximately every month. Examples of discussions included analysis of significant events, clinical and prescribing errors and complaints. We saw that the content of the meetings had started to be recorded earlier in 2014, and minutes of the three meetings held since 2 February 2014 were available.

The practice manager told us there was no structured system in place for carrying out clinical audits or safety audits. We saw examples of two medication audits that had been carried out. One of these had been within the 12 months prior to our inspection and had been instigated by the CCG. We also saw an infection control audit that had been carried out in April 2014. The GPs were able to give us examples of audits they had carried out. An audit had been carried out to assess if figures for inadequate cervical smears had improved. The audit stated inadequate smear

test results for the period February 2012 to February 2014 had been looked at. However, the audit was not dated and the previous figures were not recorded. The conclusion stated the practice was not concerned about the numbers involved but whether the figures had improved or not was not mentioned. The original aim of the audit had therefore not been met. The practice manager told us they were unaware of what other audits had been carried out to monitor the quality of the service, and audits were not kept in a designated place where they could easily be located. However they were able to provide evidence that risk assessments, such as for fire or for pregnant staff members, had been carried out.

We therefore found there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Systems were not in place to regularly assess and monitor the quality of services provided.

Patient experience and involvement

The practice did not have a Patient Participation Group (PPG). PPGs are groups of patients who work together with the GPs to improve services and to promote health and improved quality of care. The practice manager told us they had a PPG approximately three to four years ago but it was stopped because it was used as a "platform for negativity". The practice manager and one of the GPs we spoke with told us they needed to think about starting a PPG again.

The practice did not carry out their own patient surveys. Instead they looked at the results of the 2013 NHS GP Patient Survey. The practice manager told us they did not put an action plan in place following the results of the survey because they were pleased with the results. The results showed that the practice was in the worst 25% of scores nationally in several areas.

We asked the practice manager how they knew if their patients were satisfied with the service they received. They told us that they did not proactively seek the views of any of their patients but they did have a suggestion box in the waiting area. They told us that they emptied this "every now and again" but never kept a record of any comments that had been made. They said the suggestion box was "hardly ever used". They were unable to give any examples of suggestions made or changes put in place following suggestions by patients.

The practice manager told us they did not check the NHS Choices website for comments made by patients and they

Are services well-led?

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

were unaware of the content of any comments made. We saw that the latest patient comment was made in November 2013. The NHS Choices users' overall rating for the practice was one star out of a possible five stars.

We therefore found there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The views of patients were not sought so the provider was unable to come to an informed view in relation to the standard of care and treatment provided. Comments made by patients were not taken into account to assess the quality of the service.

Staff engagement and involvement

Staff and GPs told us that although a meeting was held between GPs and the practice manager approximately every month other staff meetings were not held. The practice manager told us there was no formal way of providing feedback and information to staff. At times they sent an email to staff and sometimes they verbally gave information to staff who were on duty. One staff member told us that at their previous practice the minutes of meetings were circulated so staff could keep up to date with issues, but this was not done at this practice.

We saw that a whistleblowing policy was in place. Whistleblowing is when a worker reports suspected wrong-doing at work. However one staff member told us there was no whistleblowing policy and said that although a previous staff member was the whistleblowing lead there was no-one to go to with concerns now. Another staff member told us they were unaware of such a policy and they would not know who to turn to if the practice manager was not available.

Learning and improvement

None of the staff at the practice had individual objectives and there were no practice objectives to encourage improvement. The practice manager was unaware of exactly what training staff had undertaken as not all training had been recorded. Learning needs of staff and the professional development needs of practice nurses had not been identified because there was no system in place for assessing the quality of the services they provided.

Identification and management of risk

There was a system in place for the recording, investigation and learning from significant events. However these events were not audited. This meant that the themes of significant events were not revisited to see if specific areas of the practice needed to improve.

Complaints made to the practice in writing were recorded. The type of complaint, for example if it was concerning clinical or practice management issues, was recorded. There was no audit of the complaints received to see if there was any pattern to them or any specific areas the practice could learn from.

The practice manager told us they did carry out some environmental risk assessments at the practice. They told us they regularly went into all areas of the practice so they were able to identify on a daily basis any new risks or areas where environmental improvement was required.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers An effective system to regularly assess and monitor the quality of the service was not in place. The opinions of patients were not sought so the provider could not have an informed view of what patients thought about the service. Regulation 10 (1) (a) (2) (b) (i) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints There was a complaints system in place but this was not adequately brought to the attention of patients. Complaints were not always fully investigated with no record being kept of verbal complaints. Regulation 19 (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Pre-employment checks were not always carried out to ensure staff had the required skills, experience and qualifications for their role. Criminal records checks had not been carried out for staff who had one to one contact with patients. Regulation 21 (a) (i) (ii) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulated activity	Regulation
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This section is primarily information for the provider

Compliance actions

Treatment of disease, disorder or injury

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

There was no system in place to ensure staff received appropriate training or professional development. Staff had not had a supervision or appraisal meeting with their line manager for over two years. The practice manager was not line-managed and did not receive support in the form of training or supervision meetings. Regulation 23 (1) (a) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.