

Delamere Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Delamere Medical Practice on 1 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, not all staff followed the same process to report them and lessons learned were not always communicated widely enough to support improvement.
- Risks to patients were assessed and well managed.
- Data showed some patient outcomes were low compared to the locality and nationally. However audits had been carried out, and we saw evidence that these audits were driving improvement in performance to improve patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on and the provider was aware of and complied with the requirements of the Duty of Candour.
- Patients said they found it difficult to get through on the telephone and were not always able to make an appointment when they needed to. However all patients had 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. However, there was no information on the practice website or a

Summary of findings

practice leaflet about opening hours, appointment times, how to access an appointment, what clinics were offered or what to do when the practice was closed.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, privacy was compromised and long queues caused congestion at reception during busy times.

The areas where the provider should make improvement are:

- Lessons learned were not always communicated widely enough to support improvement. The practice should continue to develop systems to improve feedback and communication between GPs, nursing, administration and reception staff.
- Access at reception should be reviewed to alleviate congestion and increase patient confidentiality.
- The practice website should be updated to include information about opening times, clinic availability and access for patients during and out of hours.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, not all staff followed the same process and lessons learned were not always communicated widely enough to support improvement.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice in line with or lower than some others for some aspects of care. However, the results represented less than 0.1% of the practice population and were not in-keeping with our findings at inspection.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice staff were also involved in fundraising for the local community and had undertaken several activities to raise money for patients with cancer, child cardiac support, local hospices and the local homeless population.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had reviewed the needs of its local population, and made plans to secure improvements for the areas identified. For example, they regularly worked with other services to optimise patient care, they had initiated weekly ward rounds in nursing homes, and they had employed a nurse practitioner to help meet patient demand.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand and we saw that learning from complaints was achieved. However learning was not always communicated effectively.
- There was no information for patients on the practice website such as opening times, clinical sessions, availability and types of clinics. There was no practice leaflet and new patients joining the practice did not have anything to refer to other than NHS choices.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They had introduced a weekly ward round in nursing homes to reduce requests for individual visits.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was mostly better or similar to the CCG and national average other than the indicator relating to blood pressure readings in patients with diabetes. This outcome was 60% compared to the national figure of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 72% compared to the national average of 75%.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 79% compared to the national average of 81%. This figure had increased from the previous year when the practice had identified that figures were low and had put in measures to improve outcomes for patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and other community services which were available on the ground floor of the practice and were reported by patients as helping with timely communication about care and treatment.
- We witnessed an example where effective, caring, respectful and responsive services were initiated following an incident which happened during the inspection.

Working age people (including those recently retired and students)

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

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice did not offer any extended opening hours for appointments from Monday to Friday and all the patients we spoke to said they found it difficult to access appointments.
- Patients could book appointments or order repeat prescriptions online but there was no information on the practice website about opening hours, services available, clinic appointment times or what to do when the practice was closed.
- Health promotion advice was offered but there was limited accessible health promotion material available throughout the practice.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

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The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing in line with local and national averages. 329 survey forms were distributed and 109 were returned. This represented approximately 0.1% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 64% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. They described the service as very good, friendly and helpful. The staff were described as caring, professional and thorough. None of the comments referred to access to the service.

We spoke with 16 patients during the inspection (including four representatives of the patient participation group (PPG)). All 16 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Lessons learned were not always communicated widely enough to support improvement. The practice should continue to develop systems to improve feedback and communication between GPs, nursing, administration and reception staff.
- Access at reception should be reviewed to alleviate congestion and increase patient confidentiality.
- The practice website should be updated to include information about opening times, clinic availability and access for patients during and out of hours.

Delamere Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and an Expert by Experience.

Background to Delamere Medical Practice

Delamere Medical Practice is situated in Delamere Avenue, Stretford, Manchester and provides a general medical service to the entire population of Stretford. The practice list has currently 16438 patients. The clinical team includes 10 GP Partners, one Nurse Practitioner, four Practice Nurses, a Health Care Assistant and Assistant Practitioner. The mix of male and female GPs is equal with five of each and the nursing staff is all female. The practice is supported by a business and office Manager, two medicine managers, and a team of admin and reception staff. As well as a general practice services they offer a range of clinics such as for children and pregnant women, diabetes and asthma sufferers and for patients needing minor surgery. The practice trained junior doctors and at the time of the inspection was training a specialist trainee in the third year of their training (ST3).

The practice is open from 8.00am until 6.30pm Monday to Friday and telephone lines are open from 8.00am via an answer and queue session where the caller is told what number they are in the queue. There are 58 GP sessions per week starting 8.30am until 11.40am and from 3.20pm until 5.45pm Monday till Friday. There is one additional GP session between 1.30pm and 3.30pm (alternately male and female) on Wednesdays in one week and Thursdays in

another week. There is also a GP session each Monday between 1.30pm and 3.40pm. There are no extended hours. When the practice is closed patients are directed to the Out of Hours Service.

The practice were inspected under the old methodology in October 2013 when they met the standards they were inspected against which were consent to care and treatment, care and welfare of people who used services, safeguarding, cleanliness and infection control and assessing and monitoring the quality of service provision.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 1 December 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff including three GP partners, three practice nurses, the office manager, the practice manager and three reception/administration staff. We also spoke to 16 patients, including four members of the patient participation group (PPG)
- Observed how patients were being cared for by reception staff.
- Reviewed parts of some anonymised samples of the patient records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was system in place for reporting and recording significant events and a policy and procedure was available on the practice's internal computer system (Intradoc) which was available to all staff.

- Staff we spoke with gave different accounts on how they would report a significant event but all of them were aware of the policy on Intradoc. Seven of the staff said they would inform the practice manager of any incidents and the practice manager would record the incident; Five staff said they would record the information and there was a recording form available on the practice's computer system.
- The practice carried out analysis of the significant events but this was not thorough and learning opportunities were not maximised. For example the system in place to communicate information did not ensure that all staff benefitted from or were aware of lessons learned.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where events of significance were discussed with the staff in attendance. Lessons were shared and documents were uploaded to the practice shared computer system. There was no system to ensure that all staff received and reviewed the information if they were not in attendance at a meeting where the information had been discussed.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received (or were undergoing) a Disclosure and Barring Service check (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. One of the GPs was the infection control clinical lead. We saw that an infection control audit had been carried out by the Clinical Commissioning Group (CCG) in October 2015 and action had been taken to address the improvements identified. However, although they were aware of its existence, the lead nurse told us that they had not had sight of that audit nor had they, or the other practice nurses, contributed to improving standards in any way.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had two medicine managers who carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and there were systems in place to monitor their use. The nurse practitioner and one of the practice nurses were qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff and the medicines managers for this extended role. Patient Group Directions had also been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed eight personnel files and found that most appropriate recruitment checks had been undertaken

Are services safe?

prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. In four files we did not find evidence that appropriate checks through the Disclosure and Barring Service had been completed. We discussed this with the practice manager who showed us that the checks were being carried out.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. However, there was no information in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice had improved outcomes relating to cervical smears in the last twelve months but was now an outlier for two of the diabetes indicators.

Performance for diabetes related indicators was mostly better or similar to the CCG and national average other than the indicator relating to blood pressure readings in patients with diabetes. This outcome was 60% compared to the national figure of 78%. Data for the other diabetes indicators were as follows :

- The percentage of patients with diabetes whose last HBA1c reading was 64 or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 73% compared to the national average of 77%.

- The percentage of patients with diabetes who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 98.12% compared to the national average of 94.45%
- The percentage of patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 80.83% compared to the national average of 80.53%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was
- 91.67% compared to the national average of 88.3%.

Other indicators were as follows :

- The percentage of patients with hypertension having regular blood pressure tests was lower compared to the national average at 75% compared to 84%.
- All performance for mental health related indicators was higher than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the national average of 88% and patients with mental health issues whose alcohol consumption had been recorded in the last twelve months was 99% compared to the national average of 89%.

Clinical audits demonstrated quality improvement. We saw several audits undertaken by the practice such as :

- A review of patients receiving B12 supplements and other medicine audits undertaken by the medicine managers and an audit on patients with depression.
- There had been at least two full cycle clinical audits completed in the last two years which we reviewed relating to nursing home requests received and febrile fever in children under the age of five years. Both audits clearly improved patient care.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a weekly ward round initiated in nursing homes and better recording of information on patient records.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81 %. This was an increase from the previous year when the practice had put in extra measures when they identified that outcomes related to this indicator were low. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 92% to 99%.

Flu vaccination rates for the over 65s were 73%, and at risk groups 44%. These were comparable to or lower than national averages of 73% and 55% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. There was limited information for patients in reception about other services available to them.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. In particular we saw reception staff behaving in a professional, caring, compassionate and safe way during an incident witnessed at the inspection. We also witnessed one of the GPs taking control of the situation and dealing with it in a caring, professional and unobtrusive manner so that other patients were not affected.

Results from the national GP patient survey showed that patient were less satisfied at this practice compared to results from other practices. For example :

- 84% said the GP was good at listening to them compared to the CCG average of 89% and national average of 88%.
- 77% said the GP gave them enough time (CCG average 87%, national average 86%).

- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 81% said they found the receptionists at the practice helpful (CCG average 88%, national average 86%)

These results represented less than 0.1% of practice's 16,500 patients and did not reflect the care and treatment witnessed during the inspection or the responses provided by the 16 patients we spoke to.

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 81%)
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 84%)

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer and information was available to direct carers to the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice staff were also involved in fundraising for the local community and had undertaken several activities. For example :

- The lead GP and one of the practice nurses regularly raised money for cancer and local hospices by running marathons or participating in the Manchester Midnight Walk.

- In 2014 staff collected toys for Key103's mission Christmas toy appeal instead of sending Christmas cards in the workplace. They also had a cake sale in aid of cardiac risk in the young where clinical and non-clinical staff baked and sold cakes to both staff and patients.
- In 2015 the practice held a shoe box appeal at Christmas where staff donated items such as toothbrushes, toiletries, hats, gloves, socks and scarves and other useful things for the homeless of Manchester. The nurse practitioner volunteers at a local animal sanctuary and the practice participated in Buy a dog a Christmas dinner.
- Annually the practice holds a cake sale in September for breast awareness week.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example :

- The practice regularly worked with other services to optimise patient care, they had initiated weekly ward rounds in nursing homes, and they had employed a nurse practitioner to help meet patient demand.
- Longer appointments and home visits were available for older patients, patients with learning disabilities and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice had also adopted a system whereby 50% of patient appointments were bookable on the day and this had increased availability and was reported by patients as positive.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients with mental health conditions had a designated nurse.
- Interpreters and post office box addresses were available for patients with language differences or no registered address.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am until 11.40am and from 3.20pm until 5.45pm Monday to Friday. There was one additional GP session with appointments between 1.30pm and 3.30pm on Wednesdays in one week and Thursdays in another week. There was also an additional appointment session every Monday from 1.30pm until 3.40pm. There was no extended hours. When the practice was closed patients were directed to the Out of Hours Service.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 61% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 34% patients said they always or almost always see or speak to the GP they prefer compared to the national average of 37%.

All the patients we spoke to told us on the day of the inspection that they found it difficult to get appointments when they needed them. We fed this back to the practice and were shown how this had been addressed. They added "on the day appointments", increased clinic sessions, changed the telephone system so that people knew where they were in the queue and created telephone consultations with the GPs.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice and we saw that complaints were recorded and reviewed. However they were not consistently discussed with all members of staff and learning within the practice was not maximised.
- There was a complaints box available to patients and information (which could be converted into foreign languages) to help patients understand the complaints system. However there was no forms on the website or at reception and patients would have to request a complaints form if from the receptionist if required.
- We looked at 11 complaints received in the last 12 months and found they were handled appropriately and in a timely way with openness and transparency. We spoke with a patient who told us they had made a complaint and that it had been resolved effectively.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- Staff had a comprehensive understanding of the performance of the practice which was maintained
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team away days had been held annually in the past.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Not all staff felt involved in discussions about how to run and develop the practice, and the partners were beginning to do more to encourage all members of staff to identify opportunities to improve the service delivered by the practice. For example, one of the partners had recently instigated a team building day to improve communication between all the staff.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the newly developed patient participation group (PPG) and through surveys and complaints received. The active PPG were finding their feet but had met regularly, and had submitted proposals for improvements to the practice management team. They reported that they felt listened to and that the information they provided would be acted upon. For example they reported issues with the chemist on the premises and the GPs are now in discussion to help improve the situation.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through feedback at staff meetings and was making improvements to keep staff involved and engaged on how to make improvements in the way the practice was run.

There was a strong focus on continuous learning and improvement at all levels within the practice. They were aware of issues within the practice and were in the process of planning improvements, particularly in relation to outcomes and access for patients.

Continuous improvement

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.