

Mauldeth Medical Centre

Quality Report

112 Mauldeth Rd
Fallowfield
Tel: 0161 434 6678
Website:

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Mauldeth Medical Centre on the 7 July 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective and well led services. It was good for providing a caring and responsive service.

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

- The practice had a system in place for reporting, recording and monitoring significant events.
- Systems for receiving and monitoring alerts and safety notifications needed to be improved.
- Staff were trained in safeguarding procedures.
- Improvements were needed to the way infection control was managed.

- Patients told us they were treated with dignity and respect. They spoke highly of the GPs and other staff and described them as helpful and the GPs as excellent.
- Emotional support was provided to patients who experienced a bereavement.
- The practice manager acted as a cancer champion to support patients with a diagnosis of cancer.
- Some patients felt they had to wait a long time for an appointment, this being seven to ten days.
- The staff spoken with said they were very happy working at the practice. They said they were kept informed of matters relating to their role and the running of the practice.
- There was a lack of clarity about the overall governance process in the practice. We found that some systems needed to be more robust and the training provision needed to be improved.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Ensure medicines are managed safely including improvements to the process for dealing with medicine alerts.
- Ensure governance systems bring about improvements to the service.

In addition the provider should:

- Record the necessary information about any significant events that take place.
- Provide training for staff who act as a chaperone, and record the name of the chaperone used in patients' notes.
- Improve the management of infection control.
- Establish a more robust appointment recall system.
- Complete full cycles of audits and create a log of audits with review dates.

- Improve the quality of coding and develop a coding / summarisation policy. Also, provide staff with training in this area of work if necessary.
- Keep an accurate record of staff training and develop a training matrix to monitor staff training for the forthcoming year.
- Ensure test results are reviewed by a clinically competent professional.
- Provide all staff with training in the Gillick competencies.
- Provide information in different languages to support patients whose first language is not English.
- Improve the uptake of cytology testing.

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 requires improvement for providing safe services. The practice had a system in place for reporting, recording and monitoring significant events. Alerts and safety notifications from national safety bodies were received by the practice, however clinical staff were not aware of the most recent alert and no evidence was provided about of any actions taken as a result of these alerts. Staff had access to the safeguarding policies and procedures for both children and vulnerable adults, and staff were trained in safeguarding procedures. Chaperone training was required. Improvements were needed to the way medicines and infection control were managed. Arrangements were in place to deal with emergencies.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing safe services. A more robust appointment recall system needs to be introduced. Clinical audits were completed however, evidence had not been collected for the review of these audits. The practice did not have a coding / summarisation policy, and there were no processes in place to quality assure coding work completed. It was not possible to establish clearly what training each staff member had completed in this area. The Gold Standards Framework was in place, and monthly meetings were held to share information with relevant health care professionals. Test results were not always looked at by a clinical professional. NHS health checks were available and opportunistic health care advice was provided during consultations.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Patients spoken with said they were treated with dignity and respect. They spoke highly of the staff team. They described reception staff as helpful and GPs as excellent. They said the staff went out of their way to make them feel at ease. Patients told us the clinical staff explained their treatments and the risks involved, and they felt listened to when they discussed their treatment options. Patients said that referrals to secondary care were completed in a timely manner. Patients who were students were monitored, and vulnerable patients were quickly identified with support services offered as

Good



Summary of findings

needed. Emotional support was provided to patients who experienced a bereavement and an appointment with a GP was offered to relatives at this time. During home visits, family care needs were reviewed for patients who were receiving end of life care.

Are services responsive to people's needs?

The practice is rated as good for providing a responsive service. The practice manager acted as a non-clinical cancer champion. Their role was to ensure a smooth care package and a point of contact for patients diagnosed with cancer. Patients told us they could see a GP of their choice when necessary, and they were generally satisfied with the arrangements for repeat prescriptions. The practice received a Pride in Practice Award in 2014 for the services it provided to lesbian, gay and bisexual patients. Some patients felt they had to wait a long time for an appointment, this being seven to ten days. The patient waiting area had a good range of leaflets on health promotion. However, little was displayed in terms of local resources for chronic conditions, support groups and safeguarding. None of the information in the patient waiting area was in a different language than English. An interpreter service was available for patients whose first language was not English. The practice had a system in place for handling complaints and concerns.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. Information about the practice vision and values was available in the patient waiting area. A business development plan was in place for 2014 / 2017. The staff spoken with said they were very happy working at the practice. They said they were kept informed of matters relating to their role and the running of the practice. There was a lack of clarity about the overall governance in the practice. We found that systems were in place to ensure good staff support. However, some systems needed to be more robust with regard to recording and sharing information and monitoring outcomes for patients.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. Some parts of the service such as the information recorded about significant events, the management of infection control, the appointment recall system and the way test results were managed did not ensure patients' safety at all times. All patients over 75 years of age had a named GP. The building was accessible to patients with mobility problems. Flu, pneumonia and shingles vaccination clinics were available. Patients with complex health care needs had a care plan in place as part of the unplanned admission into hospital scheme. The practice worked closely with the 'neighbourhood team'. This is a multi-disciplinary team who met regularly to discuss patients with complex care needs. Meetings were regularly held with MacMillan nurses to discuss patients who needed end of life care. Home visits were provided when necessary.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. Some parts of the service such as the information recorded about significant events, the management of infection control, the appointment recall system and the way test results were managed did not ensure patients' safety at all times. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Patients with long term conditions had a care plan as part of the unplanned admission to hospital scheme. Multidisciplinary meetings were held to ensure information about patients was shared, and health care professionals were kept up to date with their changing health care needs.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. Some parts of the service such as the information recorded about significant events, the management of infection control, the appointment recall system and the way test results were managed did not ensure patients' safety at all times. All staff were up to date with safeguard training. Childhood immunisation appointments were available to fit around school times, and the premises were suitable for babies and young children. A quiet room was available for breastfeeding or for patients who felt they needed to speak privately away from the reception area. Children who required urgent appointments were given priority. A & E attendances were logged

Requires improvement



Summary of findings

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). Some parts of the service such as the information recorded about significant events, the management of infection control, the appointment recall system and the way test results were managed did not ensure patients' safety at all times. Appointments were available from 8.30am to 8.00pm and could be booked 6 months in advance via telephone or online with a doctor of patients' choice. GPs and the practice nurse were available for telephone consultations each day and GPs answered patient email enquiries. The practice was open until 8.00pm two evenings a week. A blood test clinic was available two mornings a week to support patients who go out to work. Patients could order their prescriptions online and a travel clinic was available for vaccinations. GPs referred patients who were students to the Manchester University counselling service to their emotional care needs. The Owens Park site is part of Mauldeth Medical Practice and is located in the ground of Manchester University. Staff based there support students enrolled at the university.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. Some parts of the service such as the information recorded about significant events, the management of infection control, the appointment recall system and the way test results were managed did not ensure patients' safety at all times. Staff were up to date with the adult and child safeguarding guidelines. GPs worked with local drug and alcohol services, and longer appointments were available to patients who needed them. A register was kept of patients with a learning disability. A register was kept of carers in the event that GPs needed to speak with them to discuss patients' health and social care issues. The practice received a Pride in Practice Award in 2014 for the services it provided to lesbian, gay and bisexual patients.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Some parts of the service such as the information recorded about significant events, the management of infection control, the appointment recall system and the way test results were managed did not ensure patients' safety at all times. Longer appointments

Requires improvement



Summary of findings

were available as needed and a register was kept of patients with mental health issues and who had a care plan in place. Annual reviews were carried out for patients with dementia and the practice participated in the Dementia Locally Enhanced Service.

Summary of findings

What people who use the service say

We looked at 46 CQC comment cards that patients had completed prior to the inspection and spoke with ten patients.

Patients spoken with were very positive about the care they received from the practice. They said they felt safe using the practice. Most patients said that information about test results was shared promptly. Patients confirmed they were asked for their consent before treatments and clinical staff gave them information about their conditions to enable them to stay healthy. Patients said the staff were helpful and polite, and they were treated with dignity and respect. Patients told us that GPs and clinical staff explained their treatments and listened to what they had to say. Patients said they could see a GP of their choice and they had enough time during their appointment to discuss their health care issues. Some patients felt they had to wait a long time for an appointment, this being seven to ten days. Patients said they were happy to report any concerns. None of the patients we spoke with had been asked for their views of the service.

Patient feedback on the comment cards we received was also complimentary about the staff and the service provided. Patients commented that they felt safe visiting the practice and found the environment clean and tidy. They indicated the GPs and staff were very good and described them as patient and kind. They commented they were treated with dignity and respect and GPs listened to their concerns and provided good advice. Two patients commented they found it difficult to book an appointment, and one commented the practice would benefit from another GP.

We also looked at the results of the 2015 GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England. The National GP Patient Survey contained aggregated data collected from January-March 2014 and July-September 2014. The GP Patient Survey was published on 8 January 2015. The survey indicated the following:

72.8% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care. The national average was 81.5%.

82.7% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse; the nurse good or very good at involving them in decisions about their care. The national average was 84.9%.

78.5% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. The national average was 85.1%.

We looked at the Friends and Family test carried out by the practice in June 2015. This patient survey asked patients how likely patients were to recommend the practice to friends and family. Two comment cards were completed. They indicated they were 'likely' to recommend the practice to family and friends. Patients indicated they were happy with the service they received and commented positively on the staff team.

Areas for improvement

Action the service **MUST** take to improve

- Ensure medicines are managed safely including improvements to the process for dealing with medicine alerts.
- Ensure governance systems bring about improvements to the service.

Action the service **SHOULD** take to improve

- Record the necessary information about any significant events that take place.
- Provide training for staff who act as a chaperone, and record the name of the chaperone used in patients' notes.
- Improve the management of infection control.

Summary of findings

- Establish a more robust appointment recall system.
- Complete full cycles of audits and create a log of audits with review dates.
- Improve the quality of coding and develop a coding / summarisation policy. Also, provide staff with training in this area of work if necessary.
- Keep an accurate record of staff training and develop a training matrix to monitor staff training for the forthcoming year.
- Ensure test results are reviewed by a clinically competent professional.
- Provide all staff with training on the Gillick competencies.
- Provide information in different languages to support patients whose first language is not English.
- Improve the uptake of cytology testing.

Mauldeth Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP, a practice nurse and an expert by experience. Experts by experience are people who have experience of using or caring for someone who use health and/or social care services.

Background to Mauldeth Medical Centre

Mauldeth Medical Practice is based in Fallowfield, Manchester. The practice has a large percentage of patients who are students and fall within the age group of 18-25 years of age. There is a small percentage of patients who are older adults and a small percentage of patients from an ethnic background. The practice provides a range of medical services including health checks for patients over 50 years of age, diabetic screening, asthma monitoring, a smoking cessation clinic, and sexual health advice.

The staff team includes two GP partners, one being a senior partner, a part time practice nurse, and supporting administrative staff which includes a practice manager, an administrator and four receptionists.

The practice is open Monday and Tuesday from 8.30am to 8.00pm and from 8.30am to 6.00pm on Wednesday, Thursday and Friday. Patients can book appointments in person, on-line or by telephone. The practice provides telephone consultations, pre bookable consultations, same day (advanced access) appointments and home visits to

patients who are housebound or too ill to attend the practice. Information was available on the practice website about who patients should contact when the practice is closed.

The practice is part of Greater Manchester Clinical Commissioning Group. It is responsible for providing primary care services to approximately 5940 patients. The practice has a General Medical Services contract.

Why we carried out this inspection

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. This 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.

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.

How we carried out this inspection

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?

Detailed findings

- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before our inspection, we reviewed information we held and asked other organisations and key stakeholders to

share what they knew about the service. We also reviewed policies, procedures and other information the practice provided before the inspection. This did not raise any areas of concern or risk across the five key question areas. We carried out an announced inspection on 7 July 2015.

We reviewed the operation of the practice, both clinical and non-clinical. We observed how the staff handled patient information and spoke to ten patients. We reviewed a variety of documents used by the practice to run the service and discussed how GPs made clinical decisions. We looked at survey results and reviewed CQC comment cards left for us on the day of our inspection. We spoke with one of the GP partners, the practice manager, the practice nurse and administrative / reception staff.

Are services safe?

Our findings

Safe track record

South Manchester Clinical Commissioning Group and NHS England reported no concerns to us about the safety of the service.

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Adverse events and incidents were reported to the practice manager who we were informed kept a log of this information for reference. Incidents and events were discussed and a significant event report completed. Significant events were discussed at the monthly practice meeting. We looked at five significant event reports. The structure of the reports used for recording significant events were overall good, however some details were missing. For example, the actual date the event was discussed and the name and role of people present at the discussion. Some forms had review dates included but others did not. There was no evidence of actions taken or evidence of any review of the actions.

Clinical and non-clinical staff told us they felt able to report significant events and that these incidents were discussed with learning points identified, and changes to practice made. For example, we were told about a meningitis outbreak at the local university in 2014. This had resulted in changes to the way the practice communicated with the university to manage any such outbreak again. However, clinical staff were not up to date with the most recent guidance on meningitis vaccination programme.

Alerts and safety notifications from national safety bodies were managed by the practice manager who disseminated this information to clinical staff regularly. The GP was aware that some events needed to be reported to CQC but was not sure of the full details. It was agreed that they would review the CQC guidance about reporting incidents

Learning and improvement from safety incidents

We discussed recent alerts about medicines used in diabetes and the increased risk associated with these medicines. The GP had not yet seen this alert. We discussed another recent alert. While the GP was aware of the alert, they could not provide details of any actions taken as a result of this.

The GP demonstrated they kept up to date with recent National Institute of Health and Clinical Excellence guidance with the practice nurse being updated of this guidance and any changes as necessary. There was evidence that the GP kept up to date with General Medical Council guidance through personal reading and the GP was able to describe his recent review of the guidance on 'duty of candour'.

Reliable safety systems and processes including safeguarding

Staff had access to the safeguarding policies and procedures for both children and vulnerable adults. This provided staff with the most recent information about identifying, reporting and dealing with suspected abuse of children and adults. Staff were trained in safeguarding procedures to the appropriate level, and they demonstrated knowledge and understanding of safeguarding. One member of staff had not completed any refresher training for two years and was not aware of any written instructions about how to deal with a safeguarding concern, although they knew to report any concerns to the GP lead in this area.

One of the GPs took responsibility for managing safeguarding issues. They were trained to level 3 this year which ensured safeguarding matters were managed correctly.

Staff spoken to were aware of the lead GP in this area and who to speak to in the practice if they had a safeguarding concern. The GPs engaged with other agencies as necessary for safeguarding purposes. Safeguarding issues were discussed during clinical meetings with written documentation kept for the purpose of ensuring issues were being managed correctly.

Patients spoken with said they felt safe when visiting the practice.

Safeguarding concerns were recorded in patients' records, and patients' health care needs and safety were discussed during practice meetings as necessary. If concerns were identified in a parent, then routine checks were also made on the well-being of any children with records being updated appropriately.

Are services safe?

Because the practice was small GPs were aware of vulnerable patients. Records were kept to identify vulnerable patients and risk registers were maintained. Health visitors were invited to monthly practice meetings to discuss vulnerable patients but did not always attend.

Patients spoken with said they were offered a chaperone when necessary, or they saw the practice nurse for more personal examinations such as a cervical smear test. There was a chaperone policy. This was displayed in the patient waiting area and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All staff acted as a chaperone and had completed a Disclosure and Barring Service check to ensure they were suitable for this role. There was a lack of clarity amongst the staff about where the chaperone stood during an examination, for example, which side of the curtain. Although staff had completed in-house training, further training had been identified to support staff in their role and to ensure they were clear on their responsibilities. The name and of the chaperone used was not recorded in patients notes.

Children's attendance at vaccination clinics was monitored by the practice manager who kept a record of attendance. Children who did not attend were contacted to identify the reason for this with a new appointment offered.

A record of children's attendance at A&E was kept. Children who frequently attended A&E were offered an appointment to discuss their health care issues with a GP. For example, a child who had attended A&E regularly with asthma related problems was referred back to the practice and was currently being supported and monitored through the practice.

Medicines management

A temperature log of the fridge where medicines were stored was in place although this was only started in July 2015. The fridge thermometer was internal and recorded the maximum and minimum temperatures. The record of the room temperature was not kept. Medicines were stored in a locked room, and fridges were only used to store vaccines and other medicines. The electrical safety of the fridge was tested in June 2015.

Vaccines were not stored safely. The fridge which stored the vaccines was not hardwired to the mains; rather it was connected via a bank of plugs which meant it could be

switched off accidentally. There was no policy in place about the action staff should take if there was an electrical failure and this affected the fridge which stored the vaccines. Guidelines were in place for the administration of vaccines and staff who administered vaccines were trained for this role. Vaccines were checked monthly by the practice manager.

Arrangements were in place to monitor the expiry dates of emergency medicines. A checklist was in place and there were three named members of staff allocated to check medicines each week.

Medicines were kept in case of an emergency; these were regularly checked although the date of the check was not recorded. Adrenalin was kept at the Owens Park site as part of a shock pack for immunisations.

Some prescriptions were stored securely. However, some prescriptions were left in printers and on desks overnight. A clear audit of the prescriptions used by GPs was not in place which meant they could not be tracked if missing or stolen. Patients were contacted if they had not collected their prescriptions after one month. Patients' relatives / carers were asked to sign when collecting prescriptions on patients' behalf. The practice did not ask patients collecting prescriptions of controlled drugs to confirm receipt. The practice did not use electronic prescribing

The patients we spoke with said they were happy with the way their prescriptions were handled and patients who used repeat prescriptions said the system in place worked well.

Patients' medicines were reviewed every 12 months with changes being made to medicines as required. Hospital discharge / outpatient information was received and sent to the GP for review. GPs commented about any actions required and returned the notes to reception staff to complete these actions. Reception staff occasionally added medicines to patients' clinical records from hospital letters; this was checked by a GP afterwards. GPs made a clinical entry if appropriate as a result of actions taken or required from hospital correspondence

We were told that medicines alerts were circulated to clinical staff, although staff were not aware of the most recent alert relating to diabetes. A log of medical alerts was not kept and there was no evidence of work completed in this area or for the most recent medication alerts. The practice manager had a large backlog of emails which may

Are services safe?

delay action on any urgent alerts received. This also highlighted a possible risk of alerts not being circulated to the practice nurse, paper alerts being lost and actions missed.

Cleanliness and infection control

Patient feedback on the CQC comment cards we received was very positive about the standard of cleanliness throughout the building.

The practice manager took responsibility for managing infection control. Staff were trained in infection control and this was included in the staff induction training programme. The practice nurse acknowledged their training needed to be updated.

An infection control audit took place in April 2015. The audit highlighted issues that required addressing. Some of these actions had been addressed, although a number of issues remained outstanding. For example, sharps boxes were still kept on the floor in one of the GP consulting rooms and equipment was still being stored on the floor under examination couches.

Sharps boxes were available for the disposal of needles. However, there was no policy displayed about what action staff should take in the event of a needle stick injury.

The practice had a spillage kit to enable staff to deal appropriately and effectively with any spillage of body fluids. Clinical waste and used medical equipment were stored safely and securely before being removed by a registered company for safe disposal.

There was hand washing facilities in each of the rooms. The appropriate hand washing procedure was displayed over the sinks and hand wash was available.

Disposable gloves and aprons were available to protect staff from exposure to potential infections while examining or providing treatments. These items were readily available to staff in the consulting and treatment rooms.

One clinical treatment room had carpet fitted, although we were informed this was not used for clinical procedures. Paper rolls were on all examination couches. Mobile screens in examination areas had hard surfaces rather than being disposable paper screens.

A policy around infection control was available to staff for guidance and to ensure they were aware of their responsibilities and knew how to work safely.

There was no evidence of a cleaning schedule for specified equipment such as spirometers which were not sterilised or calibrated regularly.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). Records indicated that one of the GPs had completed a legionella risk assessment in November 2014.

Equipment

The practice had the equipment they needed for the care and treatment they provided. There were service contracts in place for regular checks of fire extinguishers and the annual calibration of medical equipment such as blood pressure monitors, baby scales and ear syringes. A spirometer was used at the practice to help diagnose lung conditions. This was not routinely cleaned and disinfected properly, and staff were not aware it should be calibrated for its safe use.

There was a system in place for testing the safety of portable appliances such as kettles, printers and computers.

Fire safety checks had been completed with a record of these checks being made. For example, extinguishers were tested in September 2014, and a fire drill had been completed in June 2015. Fire safety risk assessments had been carried out in August 2012. Shortfalls in the system had been identified and action had been taken to address these shortfalls. The practice manager agreed that the risk assessments should be reviewed again to ensure fire safety was promoted in the best possible way.

Equipment kept at the Owens Park site at Manchester University was checked daily by the practice nurse.

Staffing and recruitment

The practice had a recruitment policy which set out the standards it followed when recruiting clinical and non-clinical staff. All staff had completed a recent Disclosure and Barring Service check to ensure they were suitable to work at the practice. Staff told us there were usually enough staff to maintain the smooth running of the practice, and there were always enough staff on duty to keep patients safe. There was one staff vacancy which was being advertised. The practice manager was in the process

Are services safe?

of developing an induction training programme for the newly appointed member of staff. Disciplinary procedures were in place to manage and support staff who were no longer suitable for their role.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice used an IT record system that was password protected. Health and safety information was displayed for staff and fire drills took place. Older patients who became housebound were offered home visits, and there was an appointment recall system for annual reviews and other monitoring for patients with chronic diseases and long term conditions. We were told the staffing levels were set and reviewed to ensure patients were kept safe and their needs were met. Staff shortages and busy periods were managed within the staff team.

Arrangements to deal with emergencies and major incidents

Potential risks to the service were anticipated and planned for in advance. Emergency medicines were held securely and regularly checked to ensure they were in date and suitable for use. The practice held oxygen to use in the event of an emergency, and an automated external defibrillator (used to attempt to restart a person's heart in an emergency) was available. Staff were trained to deal with medical emergencies as they were trained in basic life support skills.

A disaster recovery and business continuity plan was in place. The plan included information about the actions to be taken following the loss of the computer system, electrical failure and loss of utilities such as water and gas.

The practice had a site at Manchester University where there was a large influx of new students every September. In the light of this additional staff were provided at busy times, and GPs agreed not to take leave during students term time. The practice nurse based at Owens Park site worked additional hours during term time.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not have a formal appointment recall system in place for patients with chronic diseases. Rather they relied on the Quality Outcome Framework (QOF) alerts and the population manager data which identified patients needing an appointment before 31st March. We discussed the risk of patients who did not continue with medication or who did not attend for follow up appointments being missed, particularly if they had a condition which was not within the QOF targets as the practice did not have a way of flagging this. This means they may only be identified when the practice was working towards QOF targets in the last quarter of the financial year.

Regular meetings were held with the Neighbourhood Team, which consisted of a range of health care professionals such as district nurses, community psychiatric nurses and social workers. The purpose of this meeting was to discuss patients with complex or high risk care needs and to ensure they received the care and support they needed and to avoid admission to hospital. A key worker was identified as a contact for the patient and a care plan was drawn up through which they were monitored and supported.

Management, monitoring and improving outcomes for people

One clinical audit about the management of depression was available to look at on the day of the inspection. The audit looked at the risk scoring at diagnosis of depression. This was completed in line with the Royal College of Psychiatrist's Guidance. A full audit cycle was completed with the data collection demonstrating an improvement in each of the standards set.

The practice had submitted two medicines management audits prior to the inspection which were data collections on the use of specific medicines and identified patients who were high users of these medicines. The GP was able to describe some of the actions taken on the medicine data, for example, recalling patients for a review and reducing the number of inhalers given. However, they were not able to provide any evidence of work done to date and evidence collected for the review of this audit. The practice did not have a log of audits and review dates. The GP explained they planned to review this data again in

September 2015. These audits resulted in an improvement in patient outcomes by improving the risk assessment completed for patients presenting with depression and a better recording of risk assessments in the clinical records.

The practice participated in the QOF system. This is a system for the performance management of GPs. It is intended to improve the quality of general practice and reward good practice. QOF data from 2013/2014 showed the practice was performing about average when compared to other practices nationally. The practice performed similar to expected in providing patients aged 65 and older with seasonal flu vaccinations, ensuring agreed care plans were in place for patients with serious mental health problems and providing care reviews in face to face interviews for patients diagnosed with dementia.

The practice manager monitored data in order to monitor and improve outcomes for patients. All safeguarding information was sent to the GP lead in this area. All report requests including safeguarding reports were logged and dated, and medicines management data was reviewed in the practice

There was no quality assurance of the coding work completed. We could not establish whether staff were trained on coding. The practice did not have a coding / summarisation policy, and there was no process in place to quality assure coding work completed.

Effective staffing

All staff had an appraisal of their work this year. The purpose of this was to review staff performance and identify their development needs for the forthcoming year.

Staff spoken with told us senior staff were supportive of their learning and development needs and they felt well supported in their roles. They said they had undertaken the training needed for their roles. Records indicated that in 2014/2015 clinical and non-clinical staff had completed a range of training suitable for their role. For example, basic life skills, infection control, travel health and minor illnesses, and sexual health and contraception. We were informed that staff had also completed on-line and in-house training provided by a practice nurse earlier in the year. A training matrix for the forthcoming year was not in place and training records were not complete therefore it was not possible to accurately establish the training staff had completed.

Are services effective?

(for example, treatment is effective)

Clinical staff attended monthly Clinical Commissioning Group (CCG) learning forums, so they were kept up to date with health care developments in the local area and changes to care practices.

The practice manager carried out a number of patient health care related duties which included taking blood, ECGs, and giving flu and vitamin B12 injections. They were trained in these duties and refresher training had been provided in some, but not all areas. We were informed that one of the GPs assessed their competency to carry out these duties, and these duties were only carried out when a GP was on the premises. Up to date training records were not in place, and there were no records to demonstrate that competency assessments had been completed.

The GP annual appraisals and revalidation for GPs was due later this year. Revalidation is whereby licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice.

Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. Regular meetings took place to share information, look at what was working well and identify where any improvements needed to be made.

The practice had a staff vacancy for a practice nurse, and this post was currently being advertised. The practice nurse from the Owen Park site was covering this post on a part time basis. Other duties were carried out by the GPs, the practice manager and outsourced to local a local health centre.

Working with colleagues and other services

The practice provided the out of hour's service with information about patients' who required end of life care. Information about patients was faxed to the out of hour's provider every Friday, so they were aware of patients' needs and these needs could be acted on appropriately.

Care provided to patients at the end of their life was managed by the GPs. They aimed to have continuity of care by appointing the same GP to each patient. Carers were informed of any decisions made, with the patient's consent, and the out of hour's provider was notified of patients' palliative status. District nurses were kept informed of relevant information and authorised to issue palliative medicines.

The Gold Standards Framework was in place, and monthly meetings were held to share information and ensure all relevant health care professionals were kept informed of patient care issues. The meetings were attended by GPs, McMillan nurses, district nurse and palliative nurses. A record of these meeting was not kept.

Information sharing

Reception staff were fully trained in the use of the IT systems. Staff knew to keep information about patients confidential and only share this on a need to know basis.

Regular meetings involving the practice manager and non-clinical staff took place to ensure they were fully informed about the systems in place for the running of the service. GPs met regularly to discuss patient health care issues, information about risks, significant events and patient care issues. The practice nurse was not involved in these meetings although they had regular contact with the GPs by phone. The practice manager attended meeting held by the Clinical Commissioning Group to share ideas and keep informed of developments in the local area.

The practice website provided patients with information about the services offered by the practice and links to other health care organisations.

A system was in place for managing test results and recording information from other health care providers, for example, hospital discharge letters. Abnormal results were forwarded to GPs for action, and normal results were filed by the administration team. We were told that if test results did not 'look right' then they would be returned to the GP. We were told the staff had not completed any training around this issue. The GP acknowledged this issue and agreed to alter the current system so that all results were looked at by a GP.

Consent to care and treatment

Patients spoken with said they were asked for their consent to treatments before they were given. There was a consent policy which staff could access so they were aware of their responsibilities. We were told that verbal consent to treatments was not always recorded although documented consent was obtained when necessary. When patients were unable to consent for themselves, clinicians consulted with their carers and explained the treatments and options available. Verbal consent was not currently coded in patients' clinical records.

Are services effective?

(for example, treatment is effective)

The practice ran a family planning clinic, and the GP demonstrated a clear understanding of the use of the Gillick competencies. One of the clinical members of staff was unsure of the Gillick competencies and recognised they needed refresher training in this area. The Gillick competencies help clinicians to identify young people (aged under 16) who have the legal capacity to consent to medical examination and treatment.

The current guidance on Deprivation of Liberty Safeguarding (DoLS) was available to GPs along

with guidance from the British Medical Association. The GP was not aware of the action to take if a patient dies and they were subject to a DoLS. The practice nurse had completed training on the mental capacity act although confirmed this needed updating.

Health promotion and prevention

Patients spoken with said the clinical staff gave them information about their conditions to enable them to stay healthy. Evening appointments were available on Mondays and Tuesdays for people who were at work, and staff promoted NHS health checks for patients registering with the practice for the first time. A range of family planning services was available. Flu, pneumonia and shingles

vaccinations were available to those eligible or at risk, such as those patients over 65 years of age. The practice ran a smoking cessation clinic. Health promotions leaflets and posters were displayed in the patient waiting area. Opportunistic advice was provided during consultations to patients with obesity or alcohol problems. Annual health checks were available for patients over 50 years of age and chlamydia screening was promoted.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed. QOF information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives. For example, regular multidisciplinary case review meetings were held for all patients on the palliative care register, health screening was provided for patients with diabetes along with cervical screening for women aged 25-64.

The practice website provided patients with information about family health, long term conditions and minor illness. For example, information was available about child health from 6 to 15 years, diabetes care and first aid. A list of useful telephone numbers was available for local hospitals and district nurses.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments. The practice reception desk was close to the patient waiting area which meant conversations could easily be heard by other patients. We observed reception staff being polite and helpful to patients and mindful of respecting their confidentiality. Staff knew they could only share patient information with relevant health care professionals and other family members upon the patient's agreement.

Patients spoken with said they were always treated with dignity and respect. They spoke highly of the reception staff who they described as helpful. They considered the GPs were excellent. They said the staff went out of their way to make them feel at ease. This was also reflected in the CQC comment cards we received. Patients noted they received very good care from the GPs and other staff and described them as professional, kind and caring.

Privacy screens were provided for examinations and a quiet room was available for patients if they wanted to talk to reception staff in private.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The National GP survey results published in July 2014 indicated the following: 88.9% of patients had confidence and trust in the last GP they saw or spoke to. The national average was 95.3%. 79% of patients describe their overall experience of the surgery as good. The national average was 85.2%. 78.5% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. The national average was 85.1%. 69.2% of respondents to the survey stated that they usually get to see a preferred GP. The national average was 60.5%.

Care planning and involvement in decisions about care and treatment

Patients spoken with said the nurse or GP explained their treatments and the risks involved, and they felt listened to

when they discussed their treatment options. Patients said that referrals to secondary care were completed in a timely manner, and they were given the opportunity to discuss their choices.

We looked at the results of the 2014 GP patient survey. The National GP survey results published in July 2014 indicated that 72.8% of respondents stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. The national average was 81.5%. 82.7% of respondents to the survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care. The national average was 84.9%.

Patient/carer support to cope emotionally with care and treatment

Patients spoken with said they had enough time during their appointment to discuss their health care issues. They confirmed they could book an urgent appointment when necessary. Some patients felt they had to wait a long time for an appointment, this being seven to ten days. Staff aimed to be flexible in accommodating patients' needs when possible.

Emotional support was provided to patients who experienced a bereavement. An appointment with a GP was offered to relatives and during home visits, family care needs were reviewed for patients who were receiving end of life care. One patient told us about the support they received from their GP following a bereavement. They said they were offered an appointment so they could talk to their GP about their issues and bereavement counselling was offered. They described the support they received as excellent.

Referrals were made to local mental health services that provided face to face and telephone support. Patients were directed to citizens' advice bureau for financial advice.

Staff worked with the local counselling service at Manchester University as part of the services provided at the Owen Park site. Patients who were students were monitored, and vulnerable patients were quickly identified with support services offered as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice manager acted as a non-clinical cancer champion. Their role was to ensure a smooth care package and a point of contact for patients diagnosed with cancer. Practical advice was given about prescriptions and financial matters, and patients were also provided with emotional support to help them deal with issues around end of life care. This role also promoted an awareness of cancer care and ensured the systems in place for supporting these patients were up to date.

Staff told us they engaged with the South Manchester Clinical Commissioning Group to address identified local health care issues and service improvements that needed to be prioritised. GPs met with a range of health care professionals through the Neighbourhood Team to discuss and put in place, strategies to support patients with complex and high risk health care needs.

Patients told us they could see a GP of their choice when necessary, and they were generally satisfied with the arrangements for repeat prescriptions.

Tackling inequity and promoting equality

The services provided took account of the patients' needs including those in vulnerable circumstances. Reception staff were alerted via the IT system to patients who failed to collect prescriptions, and clinical staff were notified of this information as appropriate. Links were maintained with the Manchester University counselling service to support students who experienced mental health problems. The practice offered same day appointments for these patients when needed. The practice received a Pride in Practice Award in 2014 for the services it provided to lesbian, gay and bisexual patients. There was an equal opportunities policy in place which staff could refer to when necessary. We were informed that an interpreter service was available to support patients do not speak English. Both GPs spoke a number of languages which also supported these patients.

We looked around the patient waiting area to see what facilities were provided. There was one step at the front entrance, although a portable ramp was available for patients who were unable to manage this step. The toilet was not accessible to people who used a wheelchair. Mother and baby changing facilities were available. The

patient waiting area had a good range of leaflets on health promotion and supportive information. However, little was displayed in terms of local resources for chronic conditions, support groups and safeguarding information. None of the information in the patient waiting area was in a different language than English. A hearing loop was available, and disabled parking was near to the surgery. A practice leaflet was available at the reception desk which provided information about opening times, staff details and the services provided.

Access to the service

The practice was open Monday and Tuesday from 8.30am to 8.00pm and from 8.30am to 6.00pm on a Wednesday, Thursday and Friday. Patients could book appointments in person, on-line or by telephone. The practice provided telephone consultations, pre bookable consultations, same day (advanced access) appointments and home visits to patients who are housebound or too ill to attend the practice. Information was available on the practice website about who patients should contact when the practice is closed.

Some patients felt they had to wait a long time for an appointment, this being seven to ten days. Two patients commented through the CQC comment cards that they found it difficult to book an appointment, and one commented the practice would benefit from another GP.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The National GP survey results published in July 2014 indicated the following:

97.1% reported they found it easy to get through to the surgery by phone. The national average was 74.4%. 84.6% said they were able to get an appointment to see or speak to someone the last time they tried. The national average was 85.4%. 92% said the last appointment they got was convenient to them. The national average was 91.8%. 88.5% describe their experience of making an appointment as good. The national average was 73.8%. 70.9% felt they don't normally have to wait too long to be seen. The national average was 57.8%. 84.5% said they are satisfied with the surgery's opening hours. The national average was 75.7%

Listening and learning from concerns and complaints

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

The practice had a system in place for handling complaints and concerns. The complaint policy and procedure were available in the patient waiting area and on the practice website. One of the GPs was responsible for managing complaints, with the practice manager being the designated contact person. Staff were clear on the action

they would take if they received a complaint. They knew to give patients a copy of the complaint procedure, so they were aware of timescales for the investigation of their complaint. Patients spoken with said they were happy to report any concerns.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

Information about the practice vision and values was available in the patient waiting area. The practice vision statement was, 'The doctors, nurses and all staff are committed to the provision of high quality patient care and best practice, through the delivery of services which are timely, considerate and responsive to the needs of our patient population, and supported by a clear focus on customer service'.

A business development plan was in place for 2014 / 2017. This outlined the current service provision and the core values that underpinned the practice. It outlined the purpose of the business plan, an overview of the practice and activity, staffing, premises, communication amongst the staff team and skill mix. The plan identified objectives for the future. The business plan had identified the changes needed to the service provision. This included recruiting a new nurse, increase training provision, improved cytology uptake (currently at 61%, the practice aimed to increase this to 70% in the next 12 months). It was identified that improvements were needed to the appointment recall system for patients who did not attend appointments and re-establishing the patient participation group. Plans were also being made to move to new premises in the next couple of years.

The staff spoken with said they were very happy working at the practice. They said they were kept informed of matters relating to their role and the running of the practice. Staff told us they saw the practice manager every day who they described as approachable and helpful.

Governance arrangements

Regular meetings took place to share information and ensure good communication amongst the staff team. There was a lack of clarity about the overall governance process in the practice. We found that systems were in place to ensure good communication and staff support was positive. However, some systems needed to be more robust with regard to recording and sharing information and monitoring outcomes for patients. For example, more detailed information needed to be recorded about significant events that took place and improvements were needed to the way infection control was managed. A more robust appointment recall system should be

introduced and full audit cycles should be carried out and patient test results should be reviewed by a clinically competent professional. The practice should improve the uptake of cytology testing, medicines management and the process for dealing with medicine alerts. .

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The GP spoken with told us that QOF data was regularly discussed, and action plans were produced to maintain or improve outcomes.

Staff were clear about their responsibilities although additional training was needed to support them in their role. The practice manager was responsible for human resources such as managing staff performance. There were designated clinical roles amongst GPs. One GP was responsible for managing safeguarding and another GP was responsible for overseeing patients' long term conditions.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically or in a paper format.

The practice GP conducting the inspection recognised that improvements were needed in relation to clinical governance to ensure more robust systems and processes. They were open to the ideas discussed during the inspection for the purpose of improvement and demonstrated a willingness to implement change as required.

Leadership, openness and transparency

Staff told us that there was an open culture within the practice, and they had the opportunity, and were happy to raise issues at team meetings or as they occurred with the practice manager or one of the GPs. Regular meetings took place to share information, look at what was working well and identify where improvements needed to be made.

We reviewed a number of human resource policies and procedures that were available to staff, for example, health and safety, data protection, equal opportunities and complaints. A whistle blowing policy and procedure was available and staff spoken with had a basic understanding of the meaning of this policy. GPs had guidance from the British Medical Association about how to manage a

Are services well-led?

Requires improvement 

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

whistleblowing concern and adhere to their duty of candour which 'supports the principle that staff must be honest and transparent in everything that they do in order to best serve and protect their patients'

Practice seeks and acts on feedback from its patients, the public and staff

Complaints were monitored, and staff acted on this feedback to improve or change services. Complaints were discussed amongst the staff team. We looked at the complaints log for the two complaints received for 2014/2015. Details of the complaint along with staff actions were recorded. There was evidence of subsequent learning from complaints and changes made to practice as a result of this.

The practice website provided patients with an opportunity to express their views of the service through patient questionnaires and the Friends and Family Test. The Friends and Family Test is a patient survey which asks patients how likely they are to recommend the surgery and services to friends and family. The practice had received two responses to this survey in June 2015. Patients commented favourably on the service provided and praised the staff team for the high standard of service provision.

The practice manager was in the process of re-establishing a Patient Participation Group (PPG) in order to gain feedback from patients about the services provided. A PPG is a group of patients who work with the GP and practice staff to review the services provided and help find ways of improving these services to promote health and improve quality of care. We were informed that the PPG was a virtual group, this being that it did not meet together but

communicated via email only. The practice manager had experienced some difficulties in engaging with the group, although told us they were surveyed for their views of the service each year.

We spoke with a past member of the PPG who told us about how the practice made changes to the way it delivered services in response to feedback from the group. For example, a 'doctor parking only' sign had been put up outside surgery which had led to improvements in parking problems.

Management lead through learning and improvement

Reception staff told us they were supported with their learning and development needs and that they felt well supported in their roles. However, some refresher training needed to be provided to staff to ensure they were up to date with best practice and current guidelines. The staff training records were not up to date and a training matrix for the forthcoming year was not in place to monitor staff training.

Staff received an annual appraisal of their work to review their performance and identify development needs for the forthcoming year

We were told that regular developmental and governance meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice nurse did not attend these meetings so were not always fully informed of issues relating to the running of the practice.

Although there was no formal peer support system in place for the GPs, they met regularly to discuss the running of the practice and clinical issues.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations
2010 Management of medicines

The provider must ensure that care and treatment must be provided in a safe way for service users by:
ensuring the proper and safe management of medicines.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good
governance

The provider must ensure that systems or processes are established and operated effectively to ensure compliance with the regulations in particular:
assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).