

The Borchardt Medical Centre

Quality Report


62 Whitchurch Road
Manchester
M20 1EB
Tel: 0161 4382821
Website: www.borchardtmc.nhs.uk

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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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Borchardt Medical Centre on 16 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Patients received a written explanation and apology.
- Systems to monitor the functionality of equipment to deal with medical emergencies had not been maintained, resulting in the practice's oxygen cylinder expiring.
- Risks to patients and staff were not assessed and well managed, for example the required pre-employment checks were not consistently completed as part of the recruitment process and not all staff acting as chaperones had received Disclosure and Barring Service checks.
- Data showed patient outcomes were in line with the locality and nationally.
- Although some audits had been carried out to drive improvement in patient outcomes, these were not consistently re-audited to monitor that expected improvement was taking place.
- There were gaps in staff training, particularly around infection control. Staff appraisals were not carried out regularly in order to identify training needs.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested. However, patients did report difficulties booking appointments by telephone. On the day of inspection patients wishing to book a routine pre-bookable appointment were being asked to contact the practice in January as there were none available to book.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review, contained out of date information or did not reflect current practice.

Summary of findings

- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure procedures are followed to monitor the functionality of equipment to deal with medical emergencies
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive appropriate support, training and supervision to carry out their role, for example mandatory training such as infection prevention and control, and that this training is managed to ensure its effectiveness.
- Ensure a systematic approach to assessment and management of risk and review and update procedures and guidance to ensure the information is relevant to current practice.

In addition the provider should:

- Improve the availability of non-urgent appointments.
- Ensure there is an auditable system for monitoring the recording of serial numbers on blank hand written and electronic prescriptions pads held in storage and once allocated to the GP so that their location is easily identified.
- Ensure a planned programme of clinical and internal audits is established to enable the practice to monitor quality consistently and to make improvements as required quickly.
- Record a business plan with priorities and strategies to provide focus and clarity on the vision of the service and allow the whole staff team to contribute to the development of the practice.

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 as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When there were unintended or unexpected safety incidents, reviews and investigations were carried out and lessons learned were communicated to support improvement. People received a written apology.
- Risks to staff and patients who used services were not consistently assessed, and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Appropriate recruitment checks for new members of staff had not been consistently carried out.
- Systems for monitoring the functionality of equipment to deal with a medical emergency had not been implemented.
- There were gaps in staff training, particularly around infection control and fire safety.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- There was some evidence that audit was driving improvement in patient outcomes, although re-audits were not consistently carried out to monitor outcomes and ensure changes to practice were effective.
- Staff appraisals were not consistently completed meaning the training needs of the practice's workforce were not being identified.
- Staff's use of e-learning packages was not monitored to ensure that training was effective and accessed in a timely manner.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice slightly lower than others for some aspects of care.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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.
- Patients were able to access primary medical services appointments between 8am and 8pm seven days per week at four other GP surgery locations in South Manchester.
- Patients said they found it difficult at times to make an appointment with a GP or nurse. However, urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure but not all staff felt supported by management. At times they were not sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review or did not reflect practice.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings.

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 safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The nurse practitioner was involved in an outreach programme for patients living in two local nursing homes.
- Flu vaccination rates for the over 65s were 73.15%, compared to the national average of 73.24%.
- The practice had identified 16 of their patients on the palliative care register.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management
- Two of the GPs took responsibility for diabetes management and offered weekly diabetes clinic slots. The practice also offered insulin initiation for diabetic patients.
- Performance for diabetes related indicators was better than the national averages. For example, the percentage of patients with diabetes on the register who had a record of an albumin:creatinine ratio test in the preceding 12 months was 94.19%, compared to the national average of 85.94%. The percentage of patients with diabetes on the register with a record of foot examination and risk classification within the preceding 12 months was 95.96%, compared to the national average of 88.35%. The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 September to 31 March was 98.74% compared to the national average of 93.46%.
- All these patients had a structured annual review to check their health and medicines needs were being met.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 in line with local averages for all standard childhood immunisations.
- 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 practice's uptake for the cervical screening programme was 90.8%, which was above the national average of 81.88%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Weekly baby clinics were offered where immunisations and eight week checks were carried out at the same time.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to access appointments between 8am and 8pm, seven days per week at four different sites throughout South Manchester via a scheme run by the local GP federation.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had identified 40 patients on their learning disability register. However, they were not carrying out formal annual reviews for these patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice ran a specialist drug clinic with one of the GPs as well as a specialised support worker. This service was offered to local patients registered with other practices as well as the practice's own patients who had been identified as misusing drugs. There were four patients from other practices accessing this service at the time of inspection.
- 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 most staff knew 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 requires improvement for safety and for being well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Performance for mental health related indicators was also above 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 was 93.27% compared to the national average of 86.04%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 99.1% compared to the national average of 88.61%.
- The percentage of patients with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 93.62%, compared to the national average of 83.82%.
- The practice offered an enhanced service to facilitate timely diagnosis of dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was generally performing slightly below local and national averages. There were 459 survey forms distributed and 107 were returned. This was a response rate of 23.3% and represented 0.95% of the practice's patient list.

- 63.4% found it easy to get through to this surgery by phone compared to a CCG average of 67.4% and a national average of 73.3%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.1%, national average 85.2%).
- 77.6% described the overall experience of this GP surgery as good (CCG average 82.6%, national average 84.8%).
- 76.3% said they would recommend this GP surgery to someone who has just moved to the local area (CCG average 75.9%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 11 comment cards of which 10 made positive comments about the standard of care received. Of the 10 cards that made positive comments, four also made reference to the fact that it could be frustrating when trying to make an appointment and it could be a long wait before they could be seen. Two also commented that staff did not always listen. One card expressed dissatisfaction that the facility to collect repeat prescriptions directly from the pharmacy had been discontinued.

One card we received was negative about the care received and expressed dissatisfaction with the manner in which reception staff dealt with patients, as well as frustration that it could be difficult to make an appointment.

We spoke with 21 patients during the inspection. All 21 patients said they were happy overall with the care they received at the practice and thought staff were committed and caring. Of the 21 patients spoken to, 14 did express frustration with the system to book appointments.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure procedures are followed to monitor the functionality of equipment to deal with medical emergencies
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive appropriate support, training and supervision to carry out their role, for example mandatory training such as infection prevention and control, and that this training is managed to ensure its effectiveness.

- Ensure a systematic approach to assessment and management of risk and review and update procedures and guidance to ensure the information is relevant to current practice.

Action the service SHOULD take to improve

In addition the provider should:

- Improve the availability of non-urgent appointments.
- Ensure there is an auditable system for monitoring the recording of serial numbers on blank hand written and electronic prescriptions pads held in storage and once allocated to the GP so that their location is easily identified.
- Ensure a planned programme of clinical and internal audits is established to enable the practice to monitor quality consistently and to make improvements as required quickly.

Summary of findings

- Record a business plan with priorities and strategies to provide focus and clarity on the vision of the service and allow the whole staff team to contribute to the development of the practice.

The Borchardt Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience (a member of the public who has been trained in the CQC's inspection methodology).

Background to The Borchardt Medical Centre

The Borchardt Medical Centre is housed in a modern, purpose built building in South Manchester and provides services for a patient list size of 10,910. The practice population includes a lower proportion of patients over the age of 65 (7.9%) compared to the national average (16.7%), as well as a lower proportion of patients over the ages of 75 and 85 years (3.7% and 1.2%, compared to the national averages of 7.6% and 2.2% respectively). The practice has a lower percentage of patients with a long-standing health condition (45.2%) compared to the national average of 54%. The percentage of the patient population who are in paid work or full time education is higher (78.3%) than the national average of 60.2%.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by six GP partners (three male and three female, one of whom is currently on maternity leave)

as well as two salaried GPs (one female and one male). The practice also employs a nurse practitioner, practice nurse and health care assistant. Non clinical staff employed consist of a practice manager and assistant practice manager, four administration staff, two secretaries and six reception staff. It is a training practice and takes on trainee GPs as well as students in their final year of studies, nursing students and trainee paramedics.

There have been recent changes to the partnership of the practice, so at the time of inspection the practice's CQC registration did not reflect the staffing. The practice were in the process of updating their registration to reflect the current partnership agreement.

The practice is open between 8:30am and 6:00pm Monday to Friday, with GP and nurse consultations offered between these hours. On some days the GPs will also carry out telephone consultations between 7:15am until the surgery opens and from the surgery closing time until 7:30pm.

Due to funding given to the South Manchester GP Federation by the Prime Minister's Access Fund, the practice's patients are able to access primary medical services seven days a week between the ours of 8am and 8pm at Wythenshawe Hospital and also at four other sites in Manchester. The nearest of these sites to the Borchardt Medical Centre is approximately one and a half miles away. Patients can book appointments at these sites by contacting the practice reception.

When the practice is closed, patients are advised to access out of hours care offered locally by the provider Go To Doc.

Detailed findings

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 registered 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 on 16 December 2015. During our visit we:

- Spoke with a range of staff, including five GPs, the nurse practitioner, practice nurse, practice manager and assistant practice manager as well as reception and administration staff. We also spoke with patients who used the service.
- Observed how patients were being dealt with by staff and talked with carers and/or family members.

- 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 a system in place for reporting significant events.

- Staff told us they would inform the practice manager of any incidents. Although there was a recording form available on the practice's computer system, not all staff were aware of this and told us they would use their own templates to write up the event. The clinical significant event analyses we viewed had been written up using appropriate alternative templates.
- The practice carried out a thorough analysis of the significant events. The GPs met on a daily basis, at the end of their morning consultations, to discuss clinical significant events and to disseminate learning outcomes.
- Staff told us learning from non-clinical significant events would be fed back during staff meetings. However, they told us that no such incidents had occurred for a number of years.

We reviewed safety records, incident reports and national patient safety alerts. We saw that lessons were learned and shared to make sure action was taken to improve safety in the practice. For example, a recent event involved a prostate cancer blood test and a delay in actioning the results. The practice had put changes in place in order to prevent this happening again, and the GPs were aware of these changes; clinicians now copied themselves into electronic tasks sent using the patient record system to prompt them to follow up action had been taken as appropriate.

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

While the practice had systems, processes and procedures in place to keep patients safe and safeguarded from abuse, we found gaps in some of these systems. For example:

- 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 told us they understood their responsibilities, however not all staff had received training relevant to their role. GPs were trained to Safeguarding children level three, but the practice's training matrix documented that some staff, including the healthcare assistant and members of the reception team had not completed safeguarding adults training.

- A notice in the waiting room advised patients that chaperones were available if required, and listed nominated reception staff who would carry out this duty. Of the six reception staff who were named on the chaperone posters, we saw that five had recently received training to allow them to perform the role. The sixth was not identified on the practice's training matrix so it was unclear what training had been undertaken. Following the inspection the practice clarified that this staff member was new to the surgery and was still in training. Not all had received 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 supplied evidence demonstrating that the outstanding DBS checks for those staff carrying out chaperone duties had been applied for the day after the inspection had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse had recently been appointed as the infection control clinical lead. There was an infection control protocol in place. However, not all staff had received up to date training. The practice nurse had completed basic clinical infection control training on 7 December 2015. No other clinical staff members had completed this training. Only two of the 15 non clinical staff identified on the practice's training matrix had completed infection control training. An infection control audit had been completed in

Are services safe?

November 2015 and we saw evidence that an action plan had been drawn up as a result to address any improvements identified. At the time of inspection these actions had not yet been implemented.

- 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 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 although the systems outlined in the practice's prescription security protocol, dated as reviewed on 4 December 2015, for monitoring the receipt and use of these was not followed. The protocol stated that the pad's unique identification numbers were to be logged on delivery to the practice by the receptionists in order to enable their location to be tracked. The reception staff we spoke to were unaware of this system. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found appropriate recruitment checks had not consistently been undertaken prior to employment. For example, proof of identification was not documented for two recently appointed clinical members of staff, references had been obtained and documented for some staff, but not for a recently appointed GP. Interview summaries were available in some files, although the summaries did not specify who had taken part in the interview process. The file for the recently appointed GP did not contain any documentation relating to the interview process. We noted for one recently appointed clinical member of staff an up to date Disclosure and Barring Service (DBS) check had not been carried out. A photocopied DBS certificate was on file from 2013 that had been obtained during the staff member's previous employment. We saw that proof of professional body membership had been obtained for clinical staff, however, there was nothing to document that GPs had been checked as being on the performer's list in the personnel files.

Monitoring risks to patients

Risks to patients were assessed although they were not consistently managed.

- There was a health and safety policy available on the practice's shared computer drive. The practice had up to date fire risk assessments, although the training matrix only identified three members of staff as having completed fire safety training. 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 environmental risk assessments in place to monitor safety of the premises, although these could not be located at the time of inspection and were sent on once the inspection had been completed. These were therefore not readily available to staff. Staff told us an assessment for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been carried out during the week of inspection and paperwork to corroborate this was not yet available to view.
- 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 when people took annual leave. However, we were told by a number of staff that during times of planned absence from work their roles were not covered meaning they returned to a backlog of work.

Arrangements to deal with emergencies and major incidents

The practice had 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. While there was a system in place to regularly monitor and record that the equipment for dealing with medical emergencies was fit for use, we saw that checks had not been documented since April 2015. The oxygen cylinder

Are services safe?

expired in August 2015 meaning it was not possible to verify it was safe to use. The practice provided evidence that they had arranged for a replacement cylinder to be delivered two days after the inspection.

- 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 relevant contractors and utility suppliers.

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 audits, case discussions and peer review.

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 showed the practice had achieved 99.2% of the total number of points available, with 5.7% 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 was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national averages. For example, the percentage of patients with diabetes on the register who had a record of an albumin:creatinine ratio test in the preceding 12 months was 94.19%, compared to the national average of 85.94%. The percentage of patients with diabetes on the register with a record of foot examination and risk classification within the preceding 12 months was 95.96%, compared to the national average of 88.35%. The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 September 2013 to 31 March 2014 was 98.74% compared to the national average of 93.46%.

- Performance for mental health related indicators was also above 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 was 93.27% compared to the national average of 86.04%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 99.1% compared to the national average of 88.61%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months (between 1 April 2013 to 31 March 2014) was 150/90mmHg or less was 88.31% compared to the national average of 83.11%.

Clinical audits demonstrated quality improvement.

- We were shown three examples of audits that had been carried out, and one of these was a completed clinical audit cycle where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The GPs also told us how they used real time searches using the electronic patient record system to facilitate quality improvement.
- Findings were used by the practice to improve services. For example, findings from an audit around the practice's gluten-free food prescribing had identified that 44% of coeliac patients were receiving too many units of gluten free food, and 28% were receiving prescriptions for foods considered to be unhealthy and not in compliance with guidelines. The practice took action to remedy this, and a re-audit found that 100% of the practice's coeliac patients are now prescribed gluten-free products in line with the most current guidelines.
- Following a review, the practice had recently prevented local pharmacists from automatically re-ordering patient's repeat prescriptions. This resulted in patients having to request their repeat prescription from the practice, which increased patient medicine reviews and it was hoped would reduce the practice's prescribing costs.

Are services effective?

(for example, treatment is effective)

- Other audits carried out identified changes to practice to improve patient outcomes, for example; ensuring the effective monitoring and continuation / discontinuation of therapies for diabetic patients, and ensuring correct contact details were held on the electronic records for patients.

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. Staff who had recently been employed by the practice described how they had been able to shadow more experienced colleagues and they had been given a phased introduction to their normal workload.
- The practice nurse was able to tell us of update courses she was due to attend in the near future in order to maintain competence in reviewing patients with long term conditions.
- The learning needs of staff were identified through a system of appraisals. However, appraisals were not consistently completed. The staff we spoke to told us they had not received an appraisal in the previous 12 months, and the personnel files we reviewed for long standing staff members did not contain evidence of appraisal within the previous 18 months.
- Staff had access to a planned programme of training available through the use of an e-learning package. Training topics available included, for example; safeguarding, fire safety, infection control, basic life support and information governance. However, training records and staff feedback highlighted gaps in staff training, particularly with fire safety and infection control. The practice manager informed us that the e-learning package was relatively new to the practice, having only been in place since September 2015. Prior to that, training had been carried out in an ad hoc manner and previous training records were not available.

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. Information such as NHS patient information leaflets were also available.
- 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 drug and alcohol cessation. Patients were then signposted to the relevant service.
- The practice had recently started to refer into a social prescribing scheme which was being run in conjunction with the local housing association. This focused on connecting patients over the age of 50 through

Are services effective? (for example, treatment is effective)

non-medical activities in order to improve fitness, improve mobility, learn new skills, develop new skills and friendships and reduce anxiety and feelings of loneliness.

- The practice's health care assistant offered smoking cessation advice and support around drug misuse was offered on site and shared between one of the GPs who had undergone specialist training and a specialist drug worker.

The practice's uptake for the cervical screening programme was 90.8%, which was above the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75.4% to 95.8% and five year olds from 86.2% to 94.7%.

Flu vaccination rates for the over 65s were 73.15%, and at risk groups 57.22%. These were also in line with national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 asked to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

Ten of the 11 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. Most of the comment cards highlighted that staff responded compassionately when they needed help and provided support when required. One card we received was negative about the care received and expressed dissatisfaction with the manner in which reception staff dealt with patients as well as frustration that it could be difficult to make an appointment.

We also spoke with 21 patients on the day of inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the most recent national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice did score below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84.4% said the GP was good at listening to them compared to the CCG average of 90.2% and national average of 88.6%.
- 81.1% said the GP gave them enough time (CCG average 86.9%, national average 86.6%).
- 90.5% said they had confidence and trust in the last GP they saw (CCG average 95.5%, national average 95.2%)

- 80.2% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.5%, national average 85.2%).
- 88.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89.5%, national average 90.4%).
- 82.5% said they found the receptionists at the practice helpful (CCG average 84.7%, national average 86.8%)

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 generally 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. Results were either in line with or slightly below local and national averages. For example:

- 83.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.7% and national average of 86%.
- 85.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.1%, national average 81.4%)
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.6%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. We spoke with one patient during the inspection who was attending for an appointment with an interpreter present.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16.9% of the practice list as carers. Written 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice's patients could access appointments outside normal surgery hours between the hours of 8am and 8pm, seven days a week at Wythenshawe hospital as well as four other GP sites in South Manchester due to funding from the Prime Minister's Access Fund.
- There were longer appointments available for patients with a learning disability or other complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. However, three of the reception staff we spoke to were unaware of the location of the hearing loop.
- There was a lift for ease of access to the first floor.
- The practice's nurse practitioner ran outreach chronic disease management clinics in two local nursing homes and a review of the clinic carried out in March 2015 demonstrated a 100% increase in chronic disease reviews being carried out for patients resident in the homes compared to March 2014.

Access to the service

The practice was open between 8:30am and 6:00pm Monday to Friday, with GP and nurse consultations offered between these hours. The GPs told us they would also carry out telephone consultations between 7:15am until the surgery opens and from the surgery closing until 7:30pm.

Due to funding given to the South Manchester GP Federation by the Prime Minister's Access Fund, the practice's patients were able to access primary medical services seven days a week between the hours of 8am and 8pm at Wythenshawe hospital and also at four other sites in Manchester. The nearest of these sites to the Borchardt Medical Centre was approximately one and a half miles

away. Appointments at these sites could be booked by patients by contacting the practice's reception. When the practice was closed, patients were advised to access out of hours care offered locally by the provider Go To Doc.

Urgent appointments were available on the afternoon of the inspection for people that needed them. However, patients contacting the practice on the day of inspection to book a routine appointment were asked to call back in January as no pre-bookable appointments were available. Staff told us that routine appointments could usually be booked two to three weeks in advance.

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

- 68.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.7% and national average of 74.9%.
- 63.4% of patients said they could get through easily to the surgery by phone (CCG average 67.4%, national average 73.3%).
- 60.7% of patients with a preferred GP said they usually got to see or speak to that GP (CCG average 58%, national average 60%).

Patients told us on the day of the inspection that they experienced difficulties getting an appointment when they needed one.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example posters in the waiting areas and information displayed on the practice's website.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve

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

the quality of care. For example, the process for dealing with blood results was altered to ensure the correct actions were taken following a patient complaint about a delay in receiving feedback.

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

The GPs told us of the practice's vision to deliver high quality care and promote good outcomes for patients. However, staff we spoke to struggled to articulate this vision and were not aware of the strategy in place to achieve it.

Governance arrangements

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

- While there were policies and procedure documents available on the shared computer drive, the organisation and management of these was not consistent. While some documents had a recently recorded review date, many of them were either undated or were dated as being reviewed some time ago (for example the 'Being open policy' dated as being last reviewed in October 2012 and due a review in October 2013). Some of the policies we viewed contained out of date information and did not reflect current practice. For example, the business continuity plan and complaints policy both made reference to the Primary Care Trust which is no longer in existence. The safeguarding children policy (dated as reviewed on 1 December 2015) made reference to the independent safeguarding authority and criminal records background checks which have not been in existence since 2012. The practice did have a specific DBS policy, but this made reference to the fact that the decision had been taken that admin and reception staff did not require a DBS check to be carried out. There was no risk assessment to justify this decision.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in place. Staff training in the practice was not being effectively monitored or managed.
- While some audit was carried out, a system to manage audits undertaken was not evident to ensure that audit cycles were repeated when necessary to maximise learning and improve patient outcomes.

Staff told us there was a clear staffing structure and that members of the team were aware of their own roles and responsibilities.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. However systems and processes that had been established were not all fully embedded throughout the organisation. The partners had good systems in place to ensure robust peer support amongst the GPs. However, some staff felt that not all GPs were approachable and not all the GPs took the time to listen to them.

The partners encouraged a culture of openness and honesty and showed awareness around notifiable safety incidents. When there were unexpected or unintended safety incidents we saw that the practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place but staff told us they did not feel fully supported by management.

- Staff told us the practice held regular team meetings, but that minutes and agendas for these meetings were not consistently circulated.
- Some staff told us they had not attended a staff or team meeting for some time.
- Staff reported frustration that their workload was not always covered during planned periods of absence.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We were shown minutes of a PPG meeting that took place in November between four PPG members and two of the GPs. The minutes documented feedback given by patients and actions the practice planned to take in order to act on this feedback. Since this meeting the practice had started to use a text messaging reminder system to notify patients of their appointments.

Are services well-led?

Requires improvement 

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

- Feedback gathered from the local housing association had identified the area outside the practice as having a high footfall within the local community, following a survey of how people without transport mobilised in the area. The practice had responded by paying to have a bench positioned outside the practice in order to offer a 'rest stop' for frail individuals.
- Staff told us of examples where they had attempted to give feedback, for example some had asked to attend additional meetings. However, they felt these suggestions had not been acted on.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice took pride in their achievements in training new GPs and we saw they had received very positive feedback from previous trainees who had felt supported by the partners.

As a result of the successful nursing home outreach work undertaken by the nurse practitioner the local GP federation was looking to roll out this model of care delivery across the wider area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. For example the risk assessments associated with the environment were not available to view on the day of inspection.</p> <p>Systems to maintain emergency equipment had not been followed and emergency equipment was found to be out of date.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients.</p> <p>Staff training was not managed in such a way as to ensure appropriate training and professional development was carried out to enable them to carry out the duties they were employed to perform.</p>

This section is primarily information for the provider

Requirement notices

Some policies and procedures were found to be out of date and did not reflect current practice.

This was in breach of regulation 17(1)(2)(b)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The provider had not followed recruitment procedures to establish all information specified in Schedule 3 was available in respect of all staff employed to ensure staff are safely and effectively recruited and employed.

Regulation 19 (1), (2), (3), Schedule 3