Oak Gables Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oak Gables Medical Practice on 15 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were usually assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The provider should keep all appropriate recruitement information for all GPs carrying out regulated activities.

Summary of findings

- The provider should make all patients who make a formal complaint aware of how they could escalate the complaint.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were variable when compared to the local and national averages.

Are services caring?

Good

The practice is rated as good for providing caring services.

- 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.
- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.

Summary of findings

Are services responsive to people's needs?

Good

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 to secure improvements to services where these were identified. For example they had an insulin initiation service so patients with uncomplicated type 2 diabetes did not have to attend the hospital.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice had a high number of older patients and home visits for these were rarely refused.
- Age UK attended the practice weekly for advice and support.

People with long term conditions

Good

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

- Nursing staff worked with GPs in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance for diabetes related indicators was 99.5%. This was better than the CCG average of 81.8% and the England average of 89.2%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Staff 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 76.62%, which was comparable to the CCG average of 81.84% and the national average of 81.83%.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- 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.
- Appointments were available between 8am and 6pm and surgery times could be flexible within these times.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- QOF performance for mental health related indicators was 59.8%. This was worse than the CCG average of and the England average of 91.7% and the national average of 92.8%.
- QOF performance for dementia related indicators was 77.2%. This was worse than the CCG average of 90.4% and the national average of 94.5%.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was usually performing in line with local and national averages. 237 survey forms were distributed and 113 were returned. This was a 48% completion rate representing represented 1.2% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which all contained positive comments about the standard of care received. Patients commented that staff were polite, friendly and showed concern. They said they felt listened to and the premises were clean and tidy.

We spoke with14 patients, including three members of the patient participation group (PPG) during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us appointments were easy to access and they were treated as individuals.

Areas for improvement

Action the service SHOULD take to improve

- The provider should keep all appropriate recruitment information for all GPs carrying out regulated activities.
- The provider should make all patients who make a formal complaint aware of how they could escalate the complaint.

Oak Gables Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oak Gables Medical Practice

Oak Gables Medical Practice is located in a single storey health centre in the centre of Shaw, Near Oldham. There is another GP practice located in the same building. The practice is accessible to those with mobility difficulties. There is a small car park, and street parking close by. The practice is fully accessible for people with mobility difficulties.

There are six GP partners, three male and three female. There are two practice nurses, two healthcare assistants, a practice manager and administrative and reception staff.

The practice is open from 8am until 6.30pm Monday to Friday. Surgery times are:

Monday 8.10am until 12 noon and 2.30pm until 6pm.

Tuesday 8.10am until 12 noon and 2.30pm until 6pm.

Wednesday 8.10am until 12 noon and 2.30pm until 6pm.

Thursday 8.10am until 12 noon and 2pm until 6pm.

Friday 8.10am until 11.30am and 2pm until 6pm.

The practice has an General Medical Service (GMS) contract with NHS England. At the time of our inspection 9502 patients were registered.

The practice is in the 6th most deprived decile in the indices of multiple deprivation deciles. It has a much higher than average number of patients over the age of 65.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc.

The practice is a teaching and training practice for medical students and registrars.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 July 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, healthcare assistant, practice manager and reception and administrative staff.
- Spoke with patients.

Detailed findings

- Spoke with members of the patient participation group (PPG).
- Observed how patients were being dealt with at the reception desk.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed polices and other documents held at the practice.

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We saw meeting minutes to confirm this.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been a change in procedure regarding how patents were made aware of follow-ups after blood tests. However, the policy had not been amended to reflect this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 laminated poster in all consulting rooms giving information about how to report safeguarding concerns. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). It was normal practice for a practice nurse to act as a chaperone during intimate examinations.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Cleanliness audits were also carried out for the treatment room following minor surgery.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. These included proof of identity, references, a full employment history and appropriate checks through the Disclosure and Barring Service. However, information was not kept for GPs, including

the partner who joined the practice in 2015. The partner explained that they worked as a locum at the practice approximately four years ago so some information would have been provided then. However, this had not been kept. The GP partner lived in the area and was already known to the practice. He had provided all the required information to the Care Quality Commission (CQC) when he joined the partnership.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was a policy in place so only two GPs were off at one time, and other GPs provided cover. There was a manager on duty during the time the practice was open.

Arrangements to deal with emergencies and major incidents

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

- There were emergency buzzers in the consulting rooms, and checks were made to ensure they worked.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 patients' needs. These were discussed in monthly meetings and were circulated to all relevant staff inbetween.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available. The was slightly below the CCG and England averages. The exception reporting rate was 10.8%, which was above the CCG average of 6.8% and the England average of 9.2%. 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 an outlier for some clinical targets:

- The number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed (01/07/2014 to 30/06/2015). The practice was value 51.89%, CCG value 73.43%, and England value 76.77%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). The practice value was 62.71%, CCG value 86.5%, and England value 88.47%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015). The practice value was 68.33%, CCG value 89.67%, and England value 89.55%.
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/2014 to 31/03/2015). The practice value was 62.71%, CCG average 86.5%, and England value 88.47%.

The practice was aware of and was monitoring al these aspects of their QOF scores. Their research had found some of these scores were due to the practice population and changes had been made in the past year.

Data from 2014-15 showed:

- Performance for diabetes related indicators was 99.5%. This was better thanthe CCG average of 81.8% and the England average of 89.2%.
- Performance for mental health related indicators was 59.8%. This was worse than the CCG average of and the England average of 91.7% and the national average of 92.8%.
- Performance for dementia related indicators was 77.2%. This was worse than the CCG average of 90.4% and the national average of 94.5%.

There was evidence of quality improvement including clinical audit. There had been several clinical audits completed in the last two years, and one of these was a completed audits where the improvements made were implemented and monitored. The practice also participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

Good

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice varied training for staff. For example althpugh e learning was available updates in practice meetings were provided as well as role play training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. Training had been provided.
- 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The healthcare assistant carried out weight management clinics, and smoking cessation was available in the building. A counsellor attended each week. Advice about alcohol consumption was available in a nearby practice. A dietician was available on the premises and smoking cessation advice was available in a nearby practice.

The practice's uptake for the cervical screening programme was 76.62%, which was comparable to the CCG average of 81.84% and the national average of 81.83%. Nurses often telephoned patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80.5% to 81.6% and five year olds from 66.9% to 69.5%.

Flu vaccinations were available by appointment and the practice opened at the weekend during so patients could attend for their flu vaccinations. The was a child flu vaccination drop in clinic running at the same time, and blood pressure checks were also offered to appropriate patients while they were attending for their flu vaccination.

Good

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged between 40 and 74 years old. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Health checks for the over 75 age group also took place and the take-up rate was good.

The practice made good use of the notice boards available to provide additional information to patients. For example, there was information about chronic obstructive pulmonary disease, diabetes, children's health and guidance about how to manage diabetes when Ramadan fell during the summer months.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We saw that in May 2016 a patient had contacted the practice from Manchester airport as they had forgotten their medicine and were going on holiday. We saw that reception staff arranged for a prescription to be sent electronically to the airport pharmacy so their required medicines could be dispensed.

We received 39 comment cards which all contained positive comments about the standard of care received. Patients commented that staff were polite, friendly and showed concern. They said they felt listened to.

We spoke with14 patients, including three members of the patient participation group (PPG) during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they were treated as individuals.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to theCCG average of 84% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 104 patients as carers (1.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also held a carers open day once a year to prompt patients who may require additional support. Age UK attended the practice once a week offering support to patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone or with a home visit. Staff were made aware of the bereavement and the district nurses are informed. Two of the patients we spoke with had been offered bereavement counselling, and this was carried out within the practice and also nearby. 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.

A counsellor from MIND, the mental health charity, attended the practice each Monday for pre-booked appointments, and they also had a drop in clinic. In addition Healthy Minds attended the practice weekly.

Good

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. The was ramped access to the building and automatic doors.
- When a patient had a baby a welcome card was sent from the practice. This card included information about childhood vaccinations, how to register a new baby and cervical smear tests for new mothers.
- The healthcare assistant was attending a course for British Sign Language so they could help reception staff when deaf patients attended. Two GPs also spoke languages such as Urdu, which patients of the practice spoke.
- The practice had a system so that if an urgent blood test had been carried out and bloods had already been collected the healthcare assistant would take them directly to the hospital to be tested on the same day.
- The practice had an unfunded insulin initiation service. This service was to avoid the need for patients to attend hospital when they had uncomplicated type 2 diabetes.
- The practice had the facilities to be able to respond to emergencies in the area. For example, in 2012 there was a large gas explosion and people were evacuated from their homes in the area around the explosion. GPs told us that within four hours they had visited all the evacuation shelters to provide support to al people, not just their patients. This support included ensuring people had supplies of medicines, or a prescription for supplies.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. There was some flexibility with surgery times so patients who needed to be seen urgently could have an appointment. Usual surgery times were:

Monday 8.10am until 12 noon and 2.30pm until 6pm.

Tuesday 8.10am until 12 noon and 2.30pm until 6pm.

Wednesday 8.10am until 12 noon and 2.30pm until 6pm.

Thursday 8.10am until 12 noon and 2pm until 6pm.

Friday 8.10am until 11.30am and 2pm until 6pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. A seven day service was being developed and this would be available at a nearby health centre. GPs preferred to see patients in person, but telephone appointments were available at times if this was appropriate.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw that urgent and pre-bookable appointments were available during our inspection.

The practice had a system in place to assess:

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

Due to the high number of older patients it was unusual to refuse a request for a home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. There was flexibility in surgery times so additional appointments could be added where needed.

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. This included a leaflet available in the reception area and information on the website.

We looked at the 18 complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Verbal complaints were also recorded. Although the policy stated patients would be told of the complaints escalation process in the final response this did not always happen. Lessons were learnt from individual concerns and complaints and they were discussed with relevant staff in meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area and behind the reception desk.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings. There were formal team meetings and clinical meetings each month and the nurses also held a separate meeting approximately every two months. Staff told us that communication within the practice was good and they received updated by email inbetween meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and were proactive in making practice mprovements. They compiled the practice newsletter. The PPG also discussed the national GP patient survey to see where improvements could be made. There was information about the PPG in the waiting area. The practice had carried out an in house survey to find out how patients preferred to order prescriptions and if they knew alternative ways of ordering.

Are services well-led?

Good

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

They intended to repeat this in the future. The practice manager received a notification if a patient commented on the NHS Choices website. They also analysed the results of the NHS friends and family test.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They were involved in two pilots at the time of our inspection. In one, Age UK visited the practice weekly to offer support and advice to patients. In the other, MIND attended the practice weekly for pre bookable appintments and a drop in clinic.

The practice was a training and teaching practice, and they had been awarded the Bronze Award for Excellence in Teaching 2014-15 by Manchester University. GP arranged for students and registrars to spend time with the local hospice, pharmacy and Macmillan nurses.

A new partner joined the practice in 2015. GPs told us this had been helpful as a 'fresh pair of eyes' had been able to make suggestions.