

Jolly Medical Centre

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?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Jolly Medical Centre on 18 July 2017. Overall the practice is rated as good.

Our key findings were as follows:

- The practice used their knowledge of the local community and patient population as levers to deliver high quality and person centred care.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvements and staff were actively engaged in monitoring and improving patient outcomes as a result.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events with learning outcomes documented.
- The practice had completed two in-house surveys in the last two years in order to understand and improve their patient satisfaction survey results.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. Staff told us morale was good.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We saw several areas of outstanding practice including:

- The practice identified all house bound patients in the practice and offered to arrange a free fire safety check at their home. Ten referrals were arranged by the practice through the local fire department, who

Summary of findings

arranged to visit patients and offered safety and fire detectors checks. This action resulted from a learning point from an incident relating to a housebound patient.

- The practice designed a confidential request slip to support patients who wanted to be seen by a GP confidentially or without extended family members present. The slip was submitted by the patient informing the practice to arrange this appointment. The practice made contact with the patient and a general appointment for them to attend the practice alone was arranged. The practice was seeing an increased number of patients, mainly female accessing appointments through the request slip.
- The practice had difficulty in patient's uptake for bowel screening. The practice approached the Bowel Screening programme department, to ask for help and support to increase the practice figures. Educational

sessions were presented by the GP to patients with great success. This work had resulted in significant improvements in patient numbers attending for screening. The work the practice had implemented had been recognised by the Bowel Screening programme team, who would like the practice to help support peers.

The areas where the provider should make improvements are :

- Review and improve the access arrangements to the building for less mobile patients.
- Continue to work on improving patient satisfaction rates with the care and services provided.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- The practice employed a pharmacist who attended the practice once a week, providing detailed medicine reviews.
- Clinical alerts had been audited to ensure the amendments had been completed. All actions were clearly documented.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw personalised support from the safeguarding lead to family members and individuals, with a clear communication process between staff members.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- The practice worked closely with external organisations to support the needs of their local community. For example, the practice held multiple patient education sessions, one being to improve the bowel screening uptake.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvements and staff were actively engaged in monitoring and improving patient outcomes as a result. These included single, double and third cycle audits.
- The practice identified all house bound patients and arranged a free fire safety check at their homes.

Summary of findings

- The practice had a mobile phone number for the 2% of the practice population, who were registered for being at risk of unplanned admissions, so they could bypass the busy appointment line during surgery hours.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Monitoring of risk assessments, care plans and patient profiling were maintained by clinicians.
- Staff had the skills and knowledge 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. For example, the practice was a member of the Manchester Integrated Neighbourhood Care Team (MINC) which worked together to support patients.

Are services caring?

The practice is rated as good for providing effective services.

- Data from the national GP patient survey showed patients rated the practice below others for several aspects of care. The practice was aware of the low results and had identified this was due to the communication and language barrier within the practice. The practice developed an in house survey, with an action plan involving various solutions, such as how to educate patients on the importance of completing the survey. The collection of these surveys were already in process and we saw a collection of completed sheets ready to be analysed.
- Front reception desk always had two staff working at one time. This was due to one of those two staff members being able to speak several languages, ensuring patients' needs and requests were understood.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice had identified 124 patients as carers (over 4% of the practice list), with a referral service available to Manchester Carers Forum (MCF). Dedicated Sunday appointments were available. The practice also provided a “one stop shop” for all carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The GP survey results were low, for example 46% of patients said their last appointment was convenient, compared with the clinical commissioning group (CCG) average of 76% and the national average of 81%. The practice had completed two in-house surveys in the last two years in order to understand and improve their patient satisfaction survey results in relation to access to their services.
- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, they were part of a local GP Alliance which provided access to extended hours appointments available at a choice of sites.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from reviews showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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 policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We reviewed and saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice had identified 2% of patients at higher risk of unplanned admission to hospital, and each of these patients had a care plan in place which was regularly reviewed.
- The practice had identified all house bound patients and offered to arrange a free fire safety check at their home. The practice arranged 10 referrals for fire department to visit these patients and offer safety and fire detector checks ensuring housebound patients were safe at home.
- The practice had identified a higher number of patients who were at greater risk of developing a long term condition due to the ethnicity of the patient population. As a result, the practice had reduced the age of health reviews from patients aged 75 years to 60 years.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. They involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

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

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

- 72% of patients with asthma had an asthma review completed in the preceding 12 months, compared to the CCG average of 75% and national average of 76%.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- 72% of eligible women had received a cervical screening test in the preceding five years, compared to the CCG average of 78% and national average of 81%.
- Appointments were available outside of school hours. Baby changing facilities were available.
- The practice worked with an outside agency to care for young and vulnerable patients in the practice aged between 16 and 18

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- There was additional out of working hour's access to meet the needs of working age patients with extended opening hours every Monday till 8.15pm.
- 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.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice regularly worked with other healthcare professionals in the case management of vulnerable patients. For example they had developed a comprehensive single register for all vulnerable or at risk patients.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and provided home visits for reviews where required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average 87% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. 379 survey forms were distributed and 79 were returned. This was a response rate of 21% and represented 3% of the practice's patient list.

- 73% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 63% 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 81% and the national average of 84%.
- 80% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 71%.

The practice was aware of the low GP patient survey results and had formulated an action plan to help increase these figures, whilst also identifying a high number of patients whose first language was not English or who could not read English.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards. All were positive about the service experienced and standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice took part in the friends and families test, which identified 47 patients, responded to the test with 70% would recommend the practice.

Jolly 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.

Background to Jolly Medical Centre

The Jolly Medical Centre is located close to Manchester city centre. The practice is situated in a double mid terraced house in the residential area in Crumpsall, Manchester. Disabled parking was available directly at the front of the practice, with on the road parking also available for patients.

The practice is in a highly deprived area of Manchester and treats a varied and ethnically diverse population group, mainly of South East Asian origin. Many of the patients (over 70%) did not speak English as a first language and a high proportion of patients were illiterate.

At the time of our inspection there were 3,368 patients registered with the practice. The practice is a member of Manchester Health and Care Commissioning. The practice delivers commissioned services under the General Medical Services (GMS) contract with NHS England. The practice is a training practice.

The practice consists of one single handed male GP and a salaried male GP. The practice also offers a weekly clinic with a locum female GP. There are two practice nurses and members of the clinical team are supported by a practice manager and reception staff.

The practice is open between 8am and 6pm Tuesday to Friday. Each Monday the practice was open 8am until

8.15pm. Extended hours appointments are offered between 6pm and 8pm on Monday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for patients that needed them.

Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to the local out of hour's service which is provided by NHS 111. The surgery is part of a neighbourhood access scheme which offers Sunday appointments between the hours of 10am and 6pm. Dedicated appointments for carers are available on Sundays.

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 the practice we reviewed a range of information we hold about the practice and asked other organisations and key stakeholders such as Manchester Health and Care Commissioning to share what they knew about the practice.

We reviewed policies, procedures and other relevant information the practice provided before the day. We also

Detailed findings

reviewed the latest data from the Quality and Outcomes Framework (QOF), National GP patient survey and the NHS Friends and Family Test (FFT). We carried out an announced visit on 18 July 2017.

During our visit we:

- Spoke with a range of staff, two GPs, a practice nurse, the practice manager and reception staff.
- Also spoke with one patient who used the service.
- Reviewed 38 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.
- Reviewed information the practice used to deliver care and treatment plans.

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 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).
- From the sample of documents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- Clinical audits had been developed for medication alerts and actions taken were clearly documented. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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:

- Patient safety alerts were cascaded to all clinical staff on a regular basis. We saw evidence of these being discussed at the practice meetings.
- Arrangements for safeguarding 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 lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended

safeguarding meetings when possible or provided reports where necessary for other agencies. We saw positive examples of team meetings taking place with the lead GP.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The majority of non-clinical staff members were trained at level two. We were told the meetings and information shared by the safeguarding lead with staff was helpful and informative.
- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse). Following the training, one member of staff raised and correctly identified a case of domestic violence, which was documented in the patient records.
- 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice nurse was working closely with a practice nurse from a nearby practice to share learning and processes. The IPC lead had recently attended a full day training workshop at Manchester City Council in IPC, to help maintain the staff skills level and knowledge in infection prevention.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being issued to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. We did identify not all patients received an annual medication review; when we discussed this with the practice they were not aware and addressed the issue immediately. Patient Group Directions (PGD) had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- The practice employed a pharmacist who attended the practice once a week. The role of the pharmacist was to provide face to face medicine reviews for all patients; this included patients on multiple medicines (four or more) and those taking high risk medicines.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. The last fire drill was performed in June 2017. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. For example, the practice ensured at all times, two members of staff were on the reception desk with one of those staff able to act as an interpreter for patients.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to respond to emergencies and major incidents.

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



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception rate was 4.6 % lower than the CCG or national averages. (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).

The practice provided the inspection team with the most up to date QOF figures for 2016/17. This data had not been verified or published.

This practice was not an outlier for any QOF (or other national) clinical targets. The data results from 2015/16 were.

- 90% of patients diagnosed with dementia had a care plan had been reviewed in a face-to-face review in the preceding 12 months, compared to the CCG average 86% and the national average of 84%.

- 79% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared to the CCG average 77% and the national average of 78%.

There was evidence of quality improvement including clinical audit:

- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvements and staff were actively engaged in monitoring and improving patient outcomes as a result.
- We reviewed 19, single audits completed in the last year. For example, one reviewed a select number of patients seen by the salaried GP over a 6 month period, to ensure practice processes were being followed.
- There had been three completed two cycle audits. We reviewed one of these audits from a recent medicine alert. The practice reviewed all patients who were taking a certain high dose medicine, in combination with another medicine. These patients had been identified and the medicine amended accordingly.
- The practice had also completed a third cycle audit, which reviewed the clinical coding, patient referrals and missed opportunities within patient's notes -called a prevalence audit.
- The practice participated in local audits, national benchmarking and peer review.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.
- 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.



Are services effective?

(for example, treatment is effective)

- 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 and nurses. 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.

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. We were shown examples of multiple care plans developed since the previous inspection.
- The practice supported patients with transport booking for any outpatient or hospital appointment. This was due to the practice's awareness of patients who would be unable to directly contact the service themselves, due to language barriers.

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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Outcomes for people who use services are consistently better than expected when compared with other similar services. The practice identified patients who may be in need of extra support and signposted those to relevant services or designed a service to support in-house. For example:

- The practice identified all house bound patients and offered to arrange a free fire safety check at their homes. Ten referrals were arranged by the practice through the local fire department, who in conjunction with the practice team arranged the visits. Patients were offered a full safety and fire detector checks, to ensure the housebound patients were safe at home. This action resulted from learning point identified at the practice, during an incident review relating to a housebound patient.
- The practice had identified the need to support patients by developing a confidential slip to request an appointment in private, without other family members being present. The form was developed due to the increase number of requests to see a GP alone and patients finding unique ways to request this. The confidential slip was used by the patient to alert staff they need to be seen alone. Staff then contacted the patient discretely to offer an appointment.
- The practice had a mobile phone number, which bypassed the main practice phone line for the 2% of the practice population, who were registered and at risk for unplanned admissions. The mobile number was given



Are services effective?

(for example, treatment is effective)

to patients, who then had direct contact to the practice, during surgery hours. The aim of this service was to try and reduce unnecessary hospital admissions and Accident and Emergency attendances.

- During the month of Ramadan the practice held a group information session for all patients who were living with diabetes (a condition that causes a blood sugar level to become too high), wishing to partake in Ramadan. The session was open to all diabetic patients who would benefit from practical advice provided for by their GP on how to control symptoms with lifestyle tips and advice during the festive holiday.
- The practice identified patients with diabetes were not attending appointments, following an audit completed by the practice. It was identified from the audit that 26 referrals had been submitted but only two patients attend their appointment. The practice contacted a local organisation “You First” who helped to support the practice in organising an educational session. The aim was to try and provide advice and lifestyle tips on managing their condition. All ten people invited attended the event.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they had developed a very detailed and comprehensive register for all vulnerable/at risk patients within the practice. Each patient were directly monitored and supported by the GP and the patient engagement leads.
- The practice forged links with the Manchester Health and Wellbeing service, which provided the practice with a “Wellbeing” advisor. Each session lasted between 60 and 90 minutes, for up to 10 sessions per patient. The advisor provides support and guidance to patients who may benefit from extra support, around their health and social care needs.
- The practice developed a “Well man and Well women clinic” for their patients. This involved referral to external agencies and signposting to support their patients.
- The practice had three Practice Engagement Leads, whose main roles were to contact patients by telephone or arrange a face to face meeting, so a general health assessment could be carried out. The patient leads then provided advice on the various support options available in the practice. For example, one patient may

be offered an appointment with the in-house wellbeing clinic. The assessments were then reviewed by the GP, to ensure the patients’ health and social needs were met.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 86% to 92% and five year olds from 81% to 97%.

The practice’s uptake for the cervical screening programme was 72%, which was below the CCG average of 78% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice were aware the uptake for cervical smears was lower. In June 2017, the practice held a patient education session to help educate the patients on the importance of taking test. This resulted in eight patients attending and seven of those patients proceeded to complete the test fully. Recognition in the successful uptake from the Public Health team was provided to the inspection team. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice had difficulty in patient’s uptake for bowel screening. The practice approached the Bowel Screening programme department, to ask for help and support to increase the practice figures. Educational sessions were designed and presented to patients with great success. Patient uptake in screening from 2016 to current, showed a steady incline month on month. The work the practice had implemented had been recognised by the Bowel Screening programme team, who would like the practice to help support peers.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 30–74, due to the higher risk of developing a long term condition, due to the



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

patient population group. The criteria rate of 40 years was reduced by the practice to 30 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had identified a higher number of patients who were at greater risk of developing a long term condition due to the ethnicity of the patient population. As a result, the practice had reduced the age of health reviews for patients from 75 years to 60 years.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient had said they could not ask for a more accommodating and caring practice.

Results from the national GP patient survey showed the practice were below average for its satisfaction scores on consultations with GPs and nurses.

For example:

- 93% of patients said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 95% and the national average of 95%.
- 72% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared similar to the CCG average of 86% and the national average of 86%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.

- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 95%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 86%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice were aware of the lower GP patient survey results and had formulated an in-house patient survey which was provided to the inspection team, along with a detailed action plan to help increase these figures. The practice had also explored the reason for the lower uptake in the survey, which after speaking to their patients had identified it was due to the high number (over 70%) of patients, not speaking English as their first language or who were unable to read the questionnaire presented. The practice were working to improve participation levels. The practice also used their patient participation group (PPG) to help speak to patients and identify the reasons for the low score.

Care planning and involvement in decisions about care and treatment

A patient 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. Patients with a learning disability received a home visit when required from clinicians, where reviews or tests were performed.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients results were below local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.

Are services caring?

- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

The practice was very aware of the low GP patient survey results and had formulated an in-house patient survey and an action plan to help increase these figures.

The practice provided facilities to help patients be involved in decisions about their care:

- The practice treated a large number of patients from the South East Asian origin. The practice ensured at all times two members of staff were on the reception desk with one of those staff able to act as an interpreter for patients.
- The main and salaried GPs spoke several languages compatible with their patient group other than English.
- Patients were also told about multi-lingual staff who might be able to support them.

- Staff told us that translation services were available for patients who did not have English as a first language. We were told that double appointment slots were available.
- Patient's information leaflets were in different languages to encourage attendance into the practice.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 patients as carers (4% of the practice list). The practice had established links with the Manchester Carers Forum (MCF), a referral service offering carers signposting services, health checks and dedicated Sunday appointments. The practice also provided a "one stop shop" for all carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice was awarded the gold "Pride in Practice" award which is a quality assurance service that strengthens and develops relationships with lesbian, gay, bisexual and transgender patients within the local community.
- The GP and practice manager were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- The practice was part of the Manchester Integrated Neighbourhood Care Team (MINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice provided a monthly newsletter informing patients of the practice's events and information. This was available in various languages in response to the patient's populations.
- The practice offered extended hours on Monday evening from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available and home visits 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and on-going conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The practice was open 8am to 6.30pm Monday to Friday. Appointments were between from 9am until 6pm, and Monday's extended hours were between 6pm to 8.15pm. Extended hours appointments were offered on Monday from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 46% of patients said their last appointment was convenient, compared with the clinical commissioning group (CCG) average of 76% and the national average of 81%.

We reviewed on the day appointment which showed urgent appointments were available on the same day. We also reviewed the number of appointments the previous week, which identified four extra appointments was provided on top of the weekly average.

- 80% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 69% and the national average of 71%.
- 63% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the clinical commissioning group (CCG) average of 81% and the national average of 84%.
- 54% of patients described their experience of making an appointment as good compared with the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 27% of patients said they don't normally have to wait too long to be seen compared with the clinical commissioning group (CCG) average of 51% and the national average of 58%.

The practice formulated and conducted their own in-house patient surveys throughout 2016/17 and during the first quarter of 2017/2018. The practice was aware of the low results of patient satisfaction from the national GP patient survey and had developed a detailed action plan to help increase these figures. For example in 2016/17 the practice sent out 120 in-house survey forms and had a return rate of 69%. They had also started to formulate an action plan

Are services responsive to people's needs?

(for example, to feedback?)

using results from the first quarter of 2017/18 which to date had shown a response rate of 72%. The action plan 2017/18 also highlighted how improvements that could be made to areas of good practice.

The practice had also explored the reason for the low uptake in the survey, which after speaking to their patients had identified this, was due to the high number (over 70%) of patients, did not speak English as their first language or were unable to read the questionnaire presented. The action plan had also reviewed the friends and family test results. The practice had increased telephone consultations by six per day, reviewed incoming requests during busy periods, resulting in patients being asked to ring for test results between 1pm and 3pm and to increase visibility of the range of services online.

In response to the low results for patient satisfaction from the national GP survey, the practice carried out their own surveys throughout 2016/17 and during the first quarter of 2017/18. The practice did this in a way that their non-English speaking patients were able to understand. The results from these surveys showed an increase in patient satisfaction, for example, when asked if they didn't normally have to wait too long to be seen, satisfaction results increased from 27% to 94%.

The practice had a system to assess:

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

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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.
- The practice recorded all verbal complaints.
- Complaint leaflet translated into different languages.

There had been four formal complaints in the last 12 months. We found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency when dealing with the complaint. Lessons were learned from individual concerns and complaints and also there a comprehensive data sheet, were analysis of trends and action was taken to as a result to improve the quality of care.

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, “This practice aims to offer a quality service to all our patients. The staff team are here to help you in a polite and courteous manner. In return we expect you to treat them in the same courteous way”. This was displayed in the waiting areas and staff knew and understood the values.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas of care planning and safeguarding with regular documented meetings and learning recorded.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly with clinicians and administrative staff.
- A comprehensive understanding of the performance of the practice was maintained. Multiple practice meetings and clinical meetings were held, which provided an opportunity for staff to learn about the performance of the practice.
- A comprehensive programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was clear clinical support in managing and maintaining the programme of care planning and monitoring.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the GP 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.

The provider was aware of and had systems 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 GP encouraged a culture of openness and honesty. From the sample of documents we reviewed we found that the practice had systems 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 and staff felt supported by management.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.

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

The practice was aware of the low GP patient survey results and had formulated an in-house patient survey and a detailed action plan to help increase these figures. The practice had also explored the reason for the low uptake in the survey, which after speaking to their patients had identified this was due to the high number (over 70%) of patients, did not speak English as their first language or were unable to read the questionnaire presented. The action plan had also reviewed the friends and family test results. The practice had increased telephone consultations by six per day, reviewed incoming requests during busy periods, resulting in patients being asked to ring for test results between 1pm and 3pm and to increase visibility of the range of services online.

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback, for example:

Are services well-led?

Good 

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

- The patient participation group (PPG) was active with 11 members, who met regularly.
- The practice developed their own in house survey, to identify the reason for the low GP survey results. This resulted in a detailed action plan being developed which addressed the main issues identified.
- Staff told us the practice held regular team meetings.
- Staff told us they enjoyed social events as a team.
- 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.
- Meeting minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager in the practice.

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. The practice used the local and wider services from external organisations to provide extra support, education and services to their patients. For example, all house bound patients were offered a full safety and fire detector checks, to ensure the housebound patients were safe at home.