

Tottington Medical Practice

Quality Report

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Tottington

Bury

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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tottington Medical Centre on 12 April 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 assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff received regular training so they had 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 get through to the practice to make an appointment with a named GP.
- 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 must make improvement are:

- Fridge temperatures must be monitored regularly.

The areas where the provider should make improvement are:

Summary of findings

- A Disclosing and Barring Service check should be carried out for staff who act as chaperones or a risk assessment completed to demonstrate why this is not required. While these checks had not yet been completed, we saw evidence that this issue was in the process of being addressed.
- An infection control audit of the premises should be carried out.

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. However, we have identified some areas of good practice.

- 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.
- Nursing staff had kept up to date with training to reflect their role in relation to immunisations in 2015.
- An infection control audit of the premises had not been completed since 2014.
- Disclosing and Barring Service checks were not completed for staff who act as a chaperone. However, the practice manager was in the process of addressing this issue.
- Fridge temperatures were not monitored properly.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed patients' 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.
- A system of staff appraisal was in place although they were not carried out last year. Plans were in place to address this issue in 2016.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients said 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 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?

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 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.

Summary of findings

- 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

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

Good



- 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.
- All care home patients had a care plan in place and GPs visited these patients each week to discuss their ongoing care needs.
- Regular meetings took place to discuss patients who were at the end of their life.
- The influenza vaccination was available and there was an 80% uptake for patients over 65 years of age.
- Regular health checks were offered to patients over 75 years of age.

People with long term conditions

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

Good



- There was a dedicated cardiobabetes clinic which provided positive outcomes for patients' health care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 91% of patients with diabetes had a blood pressure reading measured in the preceding 12 months of 140/80 mmHg or less. This compared to a national average of 78%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine 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.
- There were minor surgery, Chronic Obstructive Pulmonary Disease and asthma clinics available to patients.
- GPs monitored medicines prescribed for patients with rheumatoid arthritis after they had been referred to secondary care
- There was enhanced nurse management support for patients with respiratory and cardiovascular health issues.

Summary of findings

- 100% of patients with arterial fibrillation (irregular heartbeat) received an annual review to ensure optimal management of their care.
- All CCG targets were met for the last 2 years with regard to medicines management.
- Patients care needs were reviewed following A&E attendance.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- 81% of women aged 25-64 had a cervical screening test in the preceding 5 years. This compared to a national average of 82%.
- 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.
- A baby clinic was available for assessment and immunisations.
- There was a flexible appointment system to ensure on the day access.
- There was a full family planning clinic available including prenatal advice.
- There was an asthma clinic for children. Patients had written asthma management plans at each follow up appointments.

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 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 reflected the needs for this age group.

Summary of findings

- The practice provided extended hours two days a week; in the morning and in the evening. There were also extended opening hours provided via the Bury GP Federation. This included evening and weekend appointments.
- Telephone consultations and appointment bookings were available online.
- Repeat medications could be booked on line.
- The practice had a Facebook page to provide patient with information about the practice and healthcare advice.
- Email consultations were increasingly used.
- NHS health checks were promoted.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients 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.
- Palliative care and health visitor meetings were held regularly.
- Adult and child safeguarding training was undertaken annually across the team.
- Asylum seekers and migrants were offered an early new patient assessment.
- A learning disability lead from Bury CCG was employed at the practice one day a week to carry out annual reviews.

Good



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).

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the national average of 84%.

Good



Summary of findings

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This was above the national average of 88%.
- 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 A and E where they may have been experiencing poor mental health.
- Staff understood how to support patients with mental health needs and dementia. Dedicated dementia diagnosis and management clinics were available and newly diagnosed patients were given longer appointments available for assessments, prescribing of medicines and care planning.
- 30 minute appointments were available for an annual review of patient's with a learning disability.
- Links had been established with local psychiatric services.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was mostly performing in line with local and national averages. 254 survey forms were distributed and 113 were returned. This was a response rate of 45% and represented 0.89 % of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

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

We received 56 comment cards which were all extremely positive about the standard of care received. Patients commented that reception staff were extremely helpful and friendly. They said the GPs and nurses were caring and patient, and always treated them with dignity and respect. They said they always had enough time to discuss their health care issues and felt listened to.

We spoke with one patient during the inspection and two patients following the inspection. The three patients said they were very happy with the care they received and considered the staff were kind, professional and caring.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or on line. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the December 2015 January and February 2016 showed that nearly all of the patients would be 'extremely likely' to recommend the practice friends or family.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Fridge temperatures must be monitored regularly.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- A Disclosing and Barring Service check should be carried out for staff who act as chaperones or a risk assessment completed to demonstrate why this is not required. While these checks had not yet been completed we saw evidence that this issue was in the process of being addressed.
- An infection control audit of the premises should be carried out.

Tottingon 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 a practice nurse specialist adviser.

Background to Tottingon Medical Practice

Tottingon Medical Centre 16 Market Street, Tottingon, Bury, Manchester BL8 4AD is located in Greater Manchester. We visited this address as part of the inspection.

The practice is located in a modern, single storey purpose built health centre. There is easy access to the building and disabled facilities are provided. There is a car park at the front of the building and a local bus service from Bury town centre.

There are eight GPs working at the practice; five female and three male. All of the GPs are partners and work between five and nine sessions per week. The practice is a GP teaching and training practice. Teaching practices take medical students and training practices have GP trainees and Foundation Year 2 doctors. There is one nurse practitioner, three practice nurses (one with prescribing rights) and two health care support workers. All of the staff are female and work part time. A pharmacist works at the practice one day a week and carries out learning disability reviews. There is a practice manager and a team of administrative staff.

The practice is open between 8 am and 6.30 pm Monday to Friday. Appointments are available from 8 am to 11.20 am and 3 pm to 5.30 pm. Extended hours are from 7 am to 8 am and 6.30 pm to 7.30 pm on a Monday and from 6.30 pm to 7.30 pm a Thursday.

The practice is also part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30 pm to 8.00 pm Monday to Friday and from 8 am to 6 pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours are advised to ring the surgery and they will be directed to the appropriate service at the time, this being either the 111 service or the Bury GP Federation.

The practice has a Primary Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

There are 12680 patients registered at the practice. 19% of patients are over 65 years, 21% of patients are under 17 years of age and 55% of the patients have a recorded ethnicity.

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.

Detailed findings

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 12 April 2016. During our visit we:

- spoke with a range of staff including two GPs, the practice manager, the assistant practice manager, a reception supervisor and a receptionist. We also spoke with a practice nurse, the nurse practitioner and a health care support worker.
- carried out telephone interviews with patients who used the service
- reviewed comment cards where patients shared their views and experiences of the service
- reviewed policies, audits, personnel records and other documents relating to the running of 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.

Are services safe?

Our findings

Safe track record and learning

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

- One of the GPs took responsibility for actioning relevant safety alerts to ensure necessary changes to practice were carried out. The management of safety alerts focused on improving outcomes for patients care. A more robust procedure for checking safety alerts should be introduced to ensure that a prompt and detailed response to safety alerts is made initially, and that the initial searches are subsequently rerun at regular intervals.
- 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. The significant event analysis was reviewed every six months with all members of practice team. Changes to practice were made where it was identified as necessary. For example, urine samples were booked on the appointment screen so not to be missed.

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. Information should be included in the safeguarding procedures about the action to be taken when children do not attend hospital appointments. 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. A Disclosure and Barring Service (DBS) check or risk assessment had not been carried out for all staff who acted as a chaperone, although we could see evidence that the practice manager was in the process of addressing this issue. 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. 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. An infection control audit took place in 2014.
- 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific

Are services safe?

clinical conditions. They received mentorship and support from the medical staff for this extended role. While fridge temperatures were monitored and a record of the temperature was recorded, records indicated this was not carried out regularly enough.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. (This was with the exception of staff who acted as chaperones).

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it 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. A legionella assessment was carried out in 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in the main reception office 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 contact telephone numbers for staff and utility service.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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.

- One of the GPs took responsibility for overseeing the NICE guidelines and there were 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 100% of the total number of points available with 5.3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 2015 showed:

- Performance for diabetes related indicators was better than the national average. 99% of patients with diabetes had received an influenza immunisation in the preceding 12 months. This compared to a national average of 94%.
- Performance for mental health related indicators was better than the national average. 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This was above the national average of 88%.

There was evidence of quality improvement including clinical audit.

- Ten clinical audits had been completed in the last year. We looked at three of these clinical audits on the day of the inspection. These were completed audits where the improvements made were implemented and monitored. The audits were carried out in a systematic and planned way to ensure good outcomes for patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improvements to the way patients with dementia were supported and the way some medicines were managed.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Nursing staff had access to on line resources and support from GPs; however, they had not updated their annual training requirement for a number of years.
- The learning needs of staff were identified through 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 for revalidating GPs. All staff were due to receive an appraisal of their work this year.
- There was protected learning time each month and a programme of training was in place for the next six months. The training provided in 2015 included basic life support and safeguarding along with informal discussions about issues such as information governance, health and safety, fire safety and infection control. Staff had access to and made use of e-learning training modules. The training was given by external training providers or in house by GPs.

Are services effective?

(for example, treatment is effective)

- The reception staffing levels had recently been reviewed to establish whether another member of staff needed to be employed in light of the high number of telephone calls coming into the practice each morning.
- All staff had received Duty of Candour 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.
- There were monthly clinical meetings with nurses and health care support workers.
- There was weekly nurse practitioner mentoring with one of the GPs.
- Staff worked together and shared information 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.
- 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

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 conditions and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were signposted to the relevant service through the practice website and information displayed in the surgery.
- A range of clinics were available to support patients' healthcare. This included; minor surgery, asthma, COPD, baby checks, family planning and dementia diagnosis.
- GPs and nursing staff had designated responsibility for managing specific areas of health care to ensure it was provided in line with good practice and patients received the care they needed. This included women's health, child care, palliative care and mental health.

The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%. There was a policy to contact patients who did not attend for their cervical screening test. Three follow-up letters were sent to the patient to remind them about their cervical screening test and they were also contacted by telephone. There were failsafe systems in place 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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening, diabetic eye care and new born blood spot and hearing.

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 was 98% and five year olds from 97% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-up appointments were available for the outcomes of health assessments and checks where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

All of the 56 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. Patients highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and the national average of 89%.
- 88.5% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85 %.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 85% 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.

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 above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% 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 national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format such as large print.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers although this list was being reviewed to ensure it was up to date. Carers were supported with their health care needs through an annual health care check. Written information was also available to direct carers to the various avenues of support available to them.

We received a letter from a local psychiatric rehabilitation service whose patients used the practice. They reported the patients received an excellent service from all of the

staff and that GPs ensured their patients received the same level of care as everyone else. They said that patients' rights with regard to consent and capacity were always fully considered, and longer appointments were provided to ensure health care options were fully discussed. They commented that queries were treated in a timely manner and feedback about test results were reported straight away. They commented the staff had an excellent approach which was friendly, professional and caring.

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.
- There were disabled facilities, a hearing loop and translation services available.
- Arrangements had been made for the Lesbian Gay, Bisexual and Transgender (LGBT) Foundation to assess the service provided to this group of patients. This assessment also includes training for staff on LGBT health care awareness.
- A Disability Discrimination Act assessment had been carried out in the building. This resulted in braille signs being displayed on all doors at a low level to support patients with sight problems and those who use a wheelchair.
- Follow-up appointments were available following dementia diagnosis, and there was direct access to a CT scan for patients suspected of having dementia. The health care support worker was trained to complete dementia assessments and a receptionist was a dementia care/champion lead.
- There was a dedicated dementia diagnosis and management clinic. There was a structured programme of appointments for patients including assessment, prescribing medicines and care planning. This model of care management was being used as a model of good practice in the Bury area.

Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday. Appointments were available from 8 am to 11.20 am and 3 pm to 5.30 pm. Extended hours were from 7 am to 8 am and 6.30 pm to 7.30 pm on a Monday and from 6.30 pm to 7.30 pm a Thursday.

The practice was also part of the Bury extended working hours scheme which means patients could access a designated GP service in the Bury area from 6.30 pm to 8.00 pm Monday to Friday and from 8 am to 6 pm on Saturdays, Sundays and bank holidays.

Patients requiring a GP outside of normal working hours are advised to ring the surgery and they will be directed to the appropriate service at the time which is the 111 service or the Bury GP Federation.

In addition to pre-bookable appointments, 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 was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours which were in line with the national average.
- 64% of patients said they could easily get through to the practice by phone compared to the national average of 73%.

Two of the 56 CQC comment cards we received said they found it difficult to get through to the practice to book an appointment. The practice staff were aware of this problem and had taken steps to address this by reviewing the way the reception staff were deployed in the mornings.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. A copy of the complaint procedure was in the patient waiting area and information was on the practice website.
- We looked at the summary of complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Complaints were discussed in GP partners' meetings. Lessons were learnt from individual concerns and complaints and also from the analysis of trends and patterns. Action was taken to prevent complaints reoccurring and to improve the quality of the service.
- The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from December 2015 January and February 2016 showed that nearly all of the patients would be 'extremely likely' to recommend the practice friends or family. The summary report for 2014 / 2015 used to monitor trends reflected an overall improvement in the service provision.

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 responsive, high quality, effective health care from a professional, well trained and motivated team in an inclusive and welcoming environment'. Clinical staff aimed to empower patients to take control and make decisions about their own care and ensure that patients had a positive experience of the care provided.

- The practice had a robust and realistic strategy and supporting business plan for achieving the priorities and delivering good quality care. Progress against delivering the strategy was monitored and reviewed. An annual partners' business meeting took place to discuss and plan the future development of the business for the next three to five years.
- The vision, values and strategy had been developed with the inclusion of all staff. Staff spoken with confirmed that they were consulted on a range of issues and were updated on developments and the future plans for the practice.
- Staff knew and understood the vision and values and their role in achieving them.
- Feedback from patients about the service was consistently positive at all levels and across all staffing domains.

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

The GPs 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 to ensure good communication.
- 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. This reflected one of the practice's values which was to 'support and develop our team in a culture of education, reflection and development'.
- One of the GPs arranged annual teaching sessions on contraception and sexual health for GPs and practice nurses in Bury.

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

Are services well-led?

Good 

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

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.

We spoke with a member of the Patient Participation Group (PPG). They told us the group met regularly and was well supported by the practice staff and GPs. The group was asked for its views on different issues relating to the running of the practice and was informed about the outcome of patient quality assurance surveys. The PPG started in 2004 and efforts were continually made to increase the group's membership so that it represented the patient population group. Information about the PPG was on the practice website and a regular newsletter was produced about their work.

The practice had gathered feedback from staff generally through staff meetings and discussion. Staff told us they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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. Future plans included:

- Trialling 15 minute appointments.
- Recruiting extra reception staff to work in the mornings to improve telephone access.
- Undertaking the new Greater Manchester standards.
- Achieving the gold standard Pride in Practice award.
- Developing closer links with a neighbouring practice to explore joint working and training opportunities.
- Continuing with the learning time initiative despite funding being withdrawn.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure the safe storage of medicines. The temperature of the fridges that stored medicines was not monitored regularly.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	