Deakin Norman Sutcliffe

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Deakin Norman Sutcliffe GPs on the 18 May 2015.

Overall the practice is rated as good.

Specifically, we found the practice to be good for providing, safe, effective, caring, and well led services.

It was also good for providing services for the populations groups we rate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed.
- Patients' needs were assessed and care was planned in line with best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they could make an appointment with a named GP, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Staff felt supported by management.

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

The provider should:

- A planned programme of staff appraisals should be developed for clinical and non-clinical staff
- Records of meetings held between clinical staff should be developed to provide an audit trail around clinical decisions and formalise governance arrangements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned but it wasn't clear if this was communicated to all relevant staff members. Information about safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Patient's needs were assessed and care was planned and delivered in line with current legislation, this included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and training was planned. The practice had a number of enhanced services, including learning disability and unplanned admissions.

Are services caring?

Good

The practice is rated as good for providing caring services. The partnership was made up of three partners who held personal patient lists, which meant that patients were registered with one named GP and they usually only saw this named GP. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information was provided to help patients understand the services available to them. Staff treated patients with kindness and respect, and maintained confidentiality. Clinical staff were passionate and committed to providing good patient care.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they saw the same GP which they liked and this provided continuity of care. The practice had good facilities and was equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.

Are services well-led?

Good

The practice is rated as good for well-led. It had vision and strategy. Staff were clear about the vision and their responsibilities in relation

Summary of findings

to the practice. There were policies and procedures in place to govern activity. There were systems in place to monitor safety and identify risk. Appraisals were planned and personal development plans for all staff needed to be developed. The practice had a number of informal governance arrangements which included face to face meetings between the partners, however discussions and decisions made at these meetings were not always recorded.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people registered with the practice and had a range of enhanced services, for example, avoiding unplanned admissions to hospital and dementia. All patients had a named GP. The practice offered home visits and visits to people who lived in care homes.

People with long term conditions

Good

The practice is rated as good for the care of people with long term conditions. The practice has a recall system in place to ensure patients are called for an annual review so the condition can be monitored and reviewed. GPs and practice nurses reviewed patients with chronic diseases. Patients whose long term conditions leave them at increased risk of hospital admission are covered by the 'Unplanned admission' enhanced service. These patients have care plans with quarterly reviews and post discharge reviews. The practice is proactive in offering flu and pneumococcal vaccination to those eligible or in at risk groups. For those people with the most complex needs GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours and the premises were suitable for children and babies. A telephone triage system ensures that poorly children were seen as soon as possible.

GPs held baby clinics for patients on their lists. Nurse led immunisation clinics for young children were held weekly. Family planning services were provided including on site implants and coil services.

The practice worked periodically with midwives, health visitors and school nurses when required.

Baby changing facilities and breast feeding facilities were provided.

Systems were in place for identifying and following-up vulnerable families and who were at risk.

The practice was aware of children on protection registers and used an alert system within the patient record to alert staff to the child's attendance in surgery. Staff knew what action to take if they had concerns about a child.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Services included early morning and late evening appointments, pre-bookable appointments and on-line appointment booking and prescription ordering. Appointments with a GP or nurse were available Monday to Friday from 8am.

Access to alcohol screening, smoking cessation and support with weight management was promoted to enable patients to make healthy lifestyle choices.

Online prescription ordering and online appointment booking were available through the practice website and could be accessed by all patient groups. This service was said to be particularly useful for patients who worked and may not have the time to contact the surgery by telephone or by visiting the practice to make an appointment.

The practice is part of the 'Easy GP' scheme run by Bury GP Federation. This gives patients access to routine pre bookable and same-day GP appointments at four sites across the Bury area, from 8am to 8 pm Monday to Friday and 8am to 6pm on weekends.

People whose circumstances may make them vulnerable

Good

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

The practice participated in a learning disability enhanced service, which meant patients who had a learning disability were invited to attend an annual review with a GP and longer appointments were provided to ensure this patient groups needs were fully assessed.

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. For patients where English was their second language, access to language line and interpreters was available.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health received an annual health check. During reviews mental health plans were discussed and agreed with

the patients. Patients in this group were offered longer appointments. Telephone triage services allow for quick response to patients who feel their mental health is deteriorating or are at crisis point.	

Summary of findings

What people who use the service say

We received 50 CQC patient comment cards and spoke with fourteen patients.

We spoke with people from different age groups and patients from different population groups, including, parents and people with long term conditions. The patients we spoke with were complementary about the service. Patients told us that they were treated with respect.

Feedback included individual praise of staff for their care and kindness. Patients described GPs and nurses as very understanding and professional. They told us that reception staff were helpful and polite.

Patients told us the practice was always bright and clean.

Patients we spoke with told us they were involved in deciding the best course of treatment for them and they fully understood the care and treatment options that had been provided.

Patients told us that during consultations with GPs they felt listened to.

We looked at feedback from the GP national survey for 2013/2014. 316 surveys were sent out and 129 returned, this is a 41% completion rate.

Feedback included; 99% of respondents said the last appointment they got was convenient and 67% of respondents described their experience of making an appointment as good.

80% of respondents would recommend this surgery to someone new to the area in comparison with the local (CCG) average of 78%.

93% of respondents said it was easy to telephone the out-of-hours service and 82% of respondents described their out-of-hours experience as good.

Areas for improvement

Action the service SHOULD take to improve

- A planned programme of staff appraisals should be developed for clinical and non-clinical staff.
- Records of meetings held between clinical staff should be developed to provide an audit trail around clinical decisions and formalise governance arrangements.

Deakin Norman Sutcliffe

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 advisor, a practice nurse specialist advisor and an expert by experience.

Background to Deakin Norman Sutcliffe

Deakin Norman Sutcliffe GP practice is located in Bury town centre, within the Bury Clinical Commissioning Group (CCG.) The practice was responsible for providing treatment to approximately 6100 patients.

The Deakin Norman Sutcliffe partnership is known as the 'Waves' practice and is part of the Minden family practice. The partnership comprises two male GPs and a female GP. Each GP holds a personal GP patient list and is only responsible for patients on their list.

The practice is located on the third floor and shares the facilities with two other practices, which locally are referred to as the 'Minden Family Practices.' The practice shares with the other two GP practices, a practice nursing team, and a large administrative and reception team led by an operations manager and an IT manager.

Treatment rooms are located on two floors both of which have good sized patient reception areas. There is lift within the building. The building is suitable for disabled patients and those who use a wheelchair. There is a disabled toilet which also provides baby changing facilities. The practice had a hearing loop in the reception area.

The practice is open Monday to Friday, from 8am to 6pm Monday to Friday. Patients can also access evening appointments up to 8pm via the 'Easy GP' extended working hours service, which is located within the same building.

Appointments can be booked by telephone, in person, via the practice website, email and online.

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

When the practice is closed patients are directed to the out of hour's service provided by BARDOC a local out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 18 May 2015. During our visit we spoke with a range of staff that included GPs, a practice nurse, reception staff and an IT manager. We also spoke with patients who used the practice. We reviewed policies, procedures and other information the practice shared with us before the inspection day. We reviewed CQC patient comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents.

We reviewed safety records and minutes of meetings, which demonstrated that the practice had systems in place that provided an opportunity to review practices and procedures. Business meetings with two other GP practices that operated from the same building were held monthly. These meetings focused on the day to day operation of the practices.

Whilst twice monthly clinical meetings between the three GP partners were held minutes of these meetings were not kept, however we were told that the meetings provided opportunities to discuss QoF results, significant incidents and unplanned admissions to hospital.

We saw that practice nurses met bi-monthly and action points from these meetings were recorded. Meetings considered clinical care and training needs, for example, sexual health.

The practice worked closely with Bury Clinical Commissioning Group and attended monthly locality meetings and monthly practice manager forums. These meetings provided an opportunity for shared learning and discussion of significant events with other practices in the Bury area.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed four significant event reports. These included an analysis of the incident, actions taken and a lessons learnt. We were made aware of an incident concerning how patients accessed test results. The practice had a system for checking if patients had been made aware of test results and whilst the onus was on the patient to request test results the patient had not followed up the results and the surgery had not contacted them. The partners acknowledged that the system needed to be reviewed and that they would take action following our inspection.

We were told that significant events were discussed informally at practice meetings but shared learning from discussion was not shared with all relevant team members. Minutes from clinical meetings were not kept and because of this it was not known if significant events were a regular item on clinical meetings.

GPs received national patient safety alerts from the operational manager; however there were no arrangements for formal discussions between clinicians. .

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. The practice had a detailed and comprehensive child protection policy and a vulnerable adult's policy. The practice followed Bury Council safeguarding policy and protocols for both children and adults. Each partner GP was aware of the number of children subject to child protection measures. However one of the partner GPs was the lead for safeguarding and staff we spoke with were aware of this and told us that they knew what action to take if they had concerns about a patient and what action to take in the absence of the lead GPs.

We found all partner GPs were knowledgeable about the contribution the practice made to multi-disciplinary child protection work. Arrangements were in place to share safeguarding concerns with NHS and local authority partners and this ensured a timely response to concerns identified.

Training records showed that all staff clinical and non-clinical was update in safeguarding children and in adult protection training. Partner GPs were trained to level three.

Within the patient record system there was an alert system which alerted GPs, nursing staff and reception staff to any ongoing child protection concerns and systems were in place to monitor children or vulnerable adult's attendance at accident and emergency departments or missed appointments.

The practice had a chaperone policy and this was displayed in the patient waiting area and in all treatment areas. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional

during a medical examination or procedure). Nursing staff acted as chaperones when required. Patients we spoke with were aware of this service but none had direct experience of it.

Medicines management

Systems were in place for the management of medicines including medicines management policies. We checked medicines stored in treatment rooms and refrigerators and found medication was stored securely. We saw medicines, including vaccines, stored within the practice were in date and systems were in place to check expiry dates. Vaccine stocks were well managed and in date. Fridge temperatures were recorded and monitored. Cold chain protocols were strictly followed. The cold chain process ensures that medicines are stored within a safe temperature range.

A practice nurse was responsible for checking that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by the practice nursing team using protocols that had been produced in line with legal requirements and national guidance. We saw evidence that the practice nursing team had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Quarterly medication meetings were held with pharmacist advisors from the local clinical commissioning group (CCG) to ensure safe medication practice was followed and patient safety was upheld.

Emergency medicines for cardiac arrest were available within the building and were stored securely in the reception area. Records of monthly checks were maintained.

The practice had guidelines in place for repeat prescribing which was in line with the General Medical Council (GMC) guidelines. The practice processed repeat prescriptions within 48 hours.

Patient medication recall systems were in place for annual medicine reviews, these were in the main completed with the patient and changes recorded in patient's electronic records.

We saw prescriptions for collection were stored behind the reception desk. At the end of the day uncollected prescriptions were locked away in a secure cabinet. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them. Patients were asked to confirm their name and address when collecting prescriptions. All prescriptions were reviewed and signed by a GP before they were given to the patient.

Cleanliness and infection control

Patients we spoke with told us the practice was 'always clean and tidy'. There were systems in place that ensured the practice was regularly cleaned. We saw that the practice was clean throughout and appropriately maintained.

We found the practice had a system in place for managing and reducing the potential for infection. An Infection Control Policy was in place, along with protocols for the safe storage and handling of specimens. Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely.

A practice nurse took the lead for infection control within the practice. We found the practice to be clean at the time of our inspection and there was a cleaning contract for the building in place. We also saw cleaning checklists were in place and regularly completed. A system was in place to manage infection prevention and control. We saw that recent audits relating to infection control and hand washing had been completed to ensure actions taken to prevent the spread of potential infections were maintained.

Protective equipment such as gloves, aprons and masks were readily available. This was to protect both patients and staff from exposure to potential infections. Examination couches were washable and were all in good condition. Each clinical area had a sharps disposal bin that was positioned out of reach to children. Sharps bins included the date of when it had been opened.

Hand washing facilities were available and notices about hand hygiene were displayed in staff and patient toilets. Liquid soap and paper towels were provided in these areas.

Good

Are services safe?

The storage and use of medical instruments complied with national guidance. The practice did not use any instruments which required decontamination between patients and that all instruments were for single use only.

The practice was registered to carry out minor surgical procedures. We looked at the treatment room used for carrying out minor surgical procedures. This room was also clean, suitably furnished, appropriately equipped, well lit and provided privacy. Appropriate hand washing facilities were in place and medical instruments used for minor surgical procedures were disposed of after single use. Unused medical instruments and dressings were stored in sealed packs and were all in date.

The building was managed by NHS properties who had a policy for the management, testing and investigation of legionella. We saw records that confirmed there were regular checks in line with this policy in order to reduce the risk of infection to staff and patients. Legionella testing had taken place.

Equipment

A defibrillator and oxygen were available for use in a medical emergency. These were stored close to the reception area and were in reach in the event of a medical emergency.

There were contracts in place for annual checks of fire extinguishers, portable appliance testing and calibration of equipment such as spirometers, used to help people breath. Checks were undertaken and records kept to evidence that equipment was maintained.

Panic buttons were located in clinical and treatment rooms for staff to call for assistance in the event of a difficult situation and there was an alert facility with the electronic patient record system which staff could use to raise an alert if they were in a difficult situation.

Staffing and recruitment

The practice had a recruitment and selection policy. We were told the staff group at the practice was a stable and no new staff had been appointed in the last 12 months. We looked at two staff recruitment files and saw that all pre-employment checks had been taken up prior to employment, these included references and Disclosure and Barring Service (DBS) checks for clinical staff.

As part of the quality assurance and clinical governance processes checks of the General Medical Council (GMC) and Nursing Midwifery Council (NMC) registration lists were periodically made to ensure that doctors and nurses continued to be able to practice.

Safe staffing levels were maintained and staff including GPs, nurses and reception staff worked across the practice. This meant that patients could access a GP when the partners were not available or on holiday. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. This ensured adequate staffing levels were maintained at all times.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patient, staff and visitors. These included checks of medicines and equipment.

Staff training was monitored and this ensured that staff had the rights skills to carry out their work. Staff had received training in fire safety and there was a nominated fire marshal for the practice. However there was no information in the reception and patient waiting area to advise patients what action to take in the event of a fire.

We found checks were made to minimise risk and best practice was followed, for example in respect of medicines management. The practice had a system in place for reporting, recording and monitoring significant events.

The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

There were plans in place to deal with emergencies that might interrupt the smooth running of the service. A business continuity plan was in place to deal with a range of emergencies that might impact on the day to day operation of the practice, for example, power failure, reduced staffing and access to the building.

The practice was located and maintained by NHS properties who were responsible for all maintenance contracts including legionella testing and fire safety tests.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to

Good

Are services safe?

attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked periodically.

Emergency medicines were available in a secure area of the practice and all staff knew of their location.

Patients were aware of how to contact the out of hours GP service and the practice website provided updated information for patients on this facility.

We saw emergency procedures for staff to follow if a patient informed staff face to face or over the telephone if they were experiencing chest pains, this included guidance form the Resuscitation council and calling 999 for patients where required.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice provided a service for all age groups including older people, people with learning disabilities, children and families, people with mental health needs and to the working population. We found GPs, nurses and other clinical staff were familiar with the needs of each patient group and the impact of local socio-economic factors on patient care.

Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate. Staff and patients had access to telephone interpreter translation services and staff were familiar with how the service operated and booked double appointments for these patients, which ensured that both the GP and the patient had a sufficient amount of time to assess and treat the patient concerned.

We saw from information available to staff and by speaking with staff, that care and treatment was delivered in line with recognised best practice standards and guidelines. The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

We found from our discussions with the GPs and nurse that they completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate. GPs and other clinical staff case managed and monitored patients with long-term health needs including patients on the palliative care register.

Practice nurses managed a range of clinics, for example, asthma clinics, diabetes clinics, chronic obstructive pulmonary disease (COPD) reviews and new patient assessments. Patients with long term conditions were supported where possible to self-manage their conditions, for example, diabetes. The practice was committed to health promotion and improving patient's life style.

Patients we spoke to told us they were satisfied with the care and treatment they received. They told us they were included and had been consulted about treatment options.

The practice held a register of patients who had a learning disability and we were told that these patients were called for annual health checks.

The practice worked within the Gold Standard Framework for end of life care.

Management, monitoring and improving outcomes for people

Speaking with clinical staff, we were told assessments of care and treatment were in place and support provided to enable people to self-manage their condition, such as diabetes or Chronic obstructive pulmonary disease (COPD).

We saw evidence of clinical audits that had been completed in respect of the practice for example, prescribing of antipsychotic medications. The audits demonstrated changes to patient health outcomes and identified a small number of patients who required to be recalled for physical health care checks and blood tests.

The practice contacted patients to remind them of annual reviews, though some annual reviews were done without the patient being present. Patient recall system was in place for patients with chronic health conditions that included patients who received treatment for asthma and COPD.

The national Quality Outcome Framework (QOF) 2013/14 showed 100% of the outcomes had been achieved for patients with atrial fibrillation and a 100% for patients with epilepsy, heart failure and 97.9% for patients with hypertension. 97.9% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records, in the preceding 12 months that had been agreed between patients, their family and/or carers as appropriate was below the local average.

Patients told us that GPs discussed and explained the potential side effects of medication during consultations.

The practice had a palliative care register and had multidisciplinary meetings to discuss the care and support needs of patients and their families were held every three months.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

We spoke with clinical and non-clinical staff and reviewed training records. We found that all staff employed at the practice were appropriately qualified and competent to carry out their roles safely and effectively.

The practice kept a record of training completed by the GPs, practice nurses and non-clinical staff. Staff had access to training, the majority of which was completed through e-learning, some of the training completed included safeguarding children and adults, information governance and fire safety. Staff told us they were able to access training and received updates when required.

Some staff including nursing staff had not had an appraisal for two years. The GPs were aware that appraisals for all staff needed to be in place and as a result the practice had developed a new policy/procedure. At the time our inspection we saw that a programme of staff appraisals had been scheduled to take place with nurses being scheduled first followed by business team leaders who would then appraise administrative and reception staff. Staff told us they were supported by the practice GPs and their relevant line managers and that there were good informal supervision arrangements in place. Staff said they felt confident to raise issues and concerns and that these would be acted upon.

All GPs took part in yearly appraisal that identified learning needs from which action plans were documented. All of the GPs in the practice complied with the appraisal process. GPs are required to be appraised annually and every five years undertake a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council.

All the patients we spoke with were complimentary about the staff. We observed staff appeared competent, comfortable and knowledgeable about the role they undertook.

Working with colleagues and other services

The practice worked with other agencies and professionals to provide continuity of care for patients and ensured care plans were in place for the most vulnerable patients. Multi-disciplinary meetings took place to discuss patients with complex care needs, including end of life care and child protection concerns as when required.

For patients requiring support with alcohol or substance misuse the practice referred people to the community drug and alcohol team and a new counsellor had been appointed to provide services to all patients who accessed Minden Family Practices.

The practice was commissioned for the new enhanced service and had a process in place to follow up unplanned admissions of patients to hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice worked closely with Bury Clinical Commissioning Group (CCG) and worked collaboratively on a number of local initiatives including the 'Easy GP' extended hours service.

Patients we spoke with said that if they needed to be referred to other health providers this was discussed fully with them and they were provided with enough information to make an informed choice.

Information sharing

There was effective communication, information sharing and decision making about patients care across the practice and with external stakeholder, for example, with local authority safeguarding teams.

The practice used an electronic patient record system to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. Though some of the GPs preferred to undertake these tasks themselves. Information received from other agencies, for example accident and emergency or hospital outpatient departments was read and actioned by GPs on the same day. Information was scanned onto electronic patient records in a timely manner. Systems were in place for managing blood results and recording information from outpatient's appointments.

Electronic systems were also in place for making referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Good

Are services effective?

(for example, treatment is effective)

All staff were required to sign a confidentiality agreement as part of their terms and conditions of employment at the practice. Staff fully understood the importance of keeping patient information in confidence and the implications for patient care if confidentiality was breached.

Consent to care and treatment

The practice had a consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. It was standard practice that patients' verbal consent was recorded on their patient record for routine examinations.

There was a practice policy for obtaining and documenting consent for specific interventions. It was the practice that for the majority of treatments patients gave implied or informed consent and arrangements were in place for parents to sign consent forms for certain treatments in respect of their children, for example, child immunisation and vaccination programmes. Where patients were under 16 years of age clinicians considered Gillick guidance. (This used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Consent forms for minor surgery were always used.

All staff we spoke with understood the principles of gaining consent including issues relating to capacity. Patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted.

We found that majority of staff were aware of the Mental Capacity Act 2005, the Children's' Acts 1989 and 2004 and their duties in fulfilling it.

GPs and clinicians ensured consent was obtained and recorded for all treatment. Where people lacked capacity they ensured the requirements of the Mental Capacity Act 2005 were adhered to. GPs we spoke with understood the key parts of the legislation and were able to describe how they considered this in their practice and treatment of patients, for example best interest decisions and do not attempt resuscitation (DNACPR).

Health promotion and prevention

The practice was committed to promoting a healthy lifestyle for patients and this included providing information about services available at the practice for patients, for example, a children's immunisation and vaccination programme was in place. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance and there was a clear policy for following up non-attenders.

It was practice policy to offer a health check for all new patients registering with the practice. A new patient assessment included a review of the patient's lifestyle including family medical history and a review of their smoking and alcohol activity. GPs were informed of all health concerns detected and a follow up appointment was arranged. Where it had been identified that patients who needed additional support, the practice was pro-active in offering additional help, for example, diabetes support. Practice nurses ran a number of chronic diseases clinics including Chronic Obstructive Pulmonary Disease (COPD) and diabetes clinics.

Patients who smoked or who required assistance with weight management were provided with information and signposted to smoking cessation clinics.

The practice also supported patients to manage their health and well-being. This included national screening programmes, vaccination programmes and long term condition reviews.

The practice also provided patients with information about other health and social care services such as carers' support.

Written information was available for patients in the waiting area, on health related issues, local services and health promotion and carer's information.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The GP practice was made up of three GP partners and each GP held their own patient list and this was popular with patients. Patients told us they liked having a named GP. They told us they enjoyed having access to the extended GP service and thought the all day telephone consultations worked well.

We observed staff speaking with patients respectfully throughout the time we spent at the practice. We observed reception staff speaking to patients in a respectful way and we heard staff during telephone discussions also speaking in a courteous manner.

We spoke with 14 patients and reviewed 50 CQC comment cards received as part of our inspection. Feedback from patients was positive about the level of respect they received and dignity offered during consultations. Patients we spoke with told us they had enough time to discuss things fully with the GP and patients told us GPs listened to them. Patients told us they were fully involved in decisions made about any treatments recommended.

Facilities were available within the practice reception area for patients who wanted to speak in private. All patient telephone calls made to the practice were received into the back reception area which was private and telephone calls could not be overheard.

We looked at a sample of consultation rooms, treatment rooms and clinical areas. All areas maintained patient dignity and privacy whilst they were undergoing examination or treatment.

The practice offered patients a chaperone service. Information about having a chaperone was in the waiting area. Staff we spoke with were knowledgeable about the role of the chaperone and only clinical staff undertook this role.

Longer patient appointment times were available to patients who required extra time, for example, patients with mental health needs and those who required translation services. Early morning and late appointments were available to patients who worked.

We looked at the results of the 2015 patient survey. This is an independent survey run on behalf of NHS England. The results showed that 93% of respondents said they had confidence and trust in the last GP they saw or spoke with and 95% of respondents said they had confidence and trust in the last nurse they saw or spoke with.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patients told us diagnosis and treatment options were clearly explained and they did not feel rushed in their appointment. They told us they felt listened to and time was taken to assist them to understand what was happening to them, they also said they were offered options to help them deal with their diagnosis.

Patients understood their care including the arrangements in respect of referrals to secondary care appointments at local and other hospitals and clinics.

GPs and practice nurses ensured patients were involved in making decisions concerning their care and treatment during appointments. We noted where required, patients were provided with extended appointments to ensure GPs and nurses had the time to help patients be involved in decisions.

Patient/carer support to cope emotionally with care and treatment

All staff we spoke to were articulate in expressing the importance of good patient care, and having an understanding of the emotional needs as well as physical needs of patients and relatives.

The practice monitored patients that had caring responsibilities, whilst the practice did not maintain a carer's register the practice was able to provide information on the overall number of patients who were carers and who required carer support. Carers were offered additional support and GPs were aware of local carer support groups that could be beneficial to carers registered with the practice.

Good

Are services caring?

Patients who were receiving care at the end of life were identified and joint arrangements were put in place as part of a multi-disciplinary approach with the palliative care meetings taking place every three months. Bereaved patients could be referred to counselling service and GPs provided support and additional access to for patients during difficult periods.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The practice made reasonable adjustments to meet people's needs. Staff and patients we spoke with provided a range of examples of how this worked, such as accommodating home visits and booking extended appointments and arranging translators.

The practice offered a range of specific clinics through the GP and nurse appointment system, including diabetes reviews and COPD, (chronic obstructive pulmonary disease**)** reviews. Patients told us that their health needs were met whilst attending GP consultations and or nurse consultations.

We saw where patients required referrals to another service these took place in a timely manner.

A repeat prescription service was available to patients, via the telephone, website, and a box at reception or requesting repeat prescriptions with staff at the reception desk. We saw patients accessing repeat prescriptions at reception without any difficulties.

We looked at the results of the 2015 patient survey. This is an independent survey run on behalf of NHS England. The results showed that 87% of respondents described their overall experience of the surgery as good in comparison with the local (CCG) average of 84%.

Longer appointments could be made for patients such as those with long term conditions, learning disabilities, mental health needs or who were carers.

The practice had and active patient participation group that was made up of patients from all practices that made up Minden Family Practices. The patient participation group was trying to increase the number of patients that engaged with the group to ensure it was fully represented the patients registered with the surgery. The patient participation group was currently considering way in which it could seek members from the younger age group i.e. teenagers, students, young mothers and fathers, and patients from a wide range of ethnic backgrounds.

Tackling inequity and promoting equality

The practice had taken steps to ensure equal access to patients, the website was accessible, and could be translated into different language if required. Action had been taken to remove barriers to accessing the services of the practice. The practice had taken into account the differing needs of people by planning and providing care and treatment service that was individualised and responsive to individual need and circumstances.

The practice was pro-active in contacting patients who failed to attend vaccination and screening programmes and worked to support patients who were unable to attend the practice. For example, patients who were housebound were identified and visited at home by GPs.

GPs provided telephone consultations and extended appointments were made available for any patient who required additional time.

The practice had systems in place to ensure people experiencing poor mental health had received an annual physical health check.

The practice was situated on the third floor of a purpose built building and was accessible to patients with disabilities. A disabled toilet was available as were baby changing facilities. A hearing loop had been installed within the practice to support patients who were hard of hearing.

The practice provided extended appointments where necessary and appointments were available between 8:30am and 6:00pm Monday to Friday enabling people to make appointments out of normal working hours. Patients could see a GP at the extended hours scheme that operated weekday evenings between the hours of 6pm and 8pm and weekends.

Access to the service

Information was available on the practice website that told patients about appointments, how to book appoints, including home visits and how to contact services out of hours. If patients called the practice when it was closed, an answerphone message gave information about out-of-hours services available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Patients could access appointments by telephone, calling into the surgery and on line via the practice website and via a chemist when collecting prescriptions. Patients were able to make appointments in advance. On the day emergency appointments were available by telephoning the practice.

From the CQC comment cards completed and speaking with patients we were told appointments were usually on time with not too much waiting. GP appointments were provided in 10 minute slots the majority of patients told us that it was relatively easy to get an appointment. Patients told us they were satisfied with the appointments system. They told us care was good and that they usually got to see the same GP and they liked this.

Patients told us that the practice was very good at contacting them with blood and other test results. Patients were complimentary about the GPs who they said offered a 'personalised service.'

We received 50 CQC comment cards from patients. The overall majority of which provided positive feedback on the service patients had received. One respondent told us the care they received was good and the 'GP ring back service' was very good. Another respondent said that the service provided good 'family care' and GPs always made time to listen to patients and appointments could usually be made for on the same day.

Translation services were available for patients and double appointments were always provided for patients who required the use of translation services.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. Complaints were dealt with by the operational manager for the practice. GPs told us that they were mindful to respond and deal with patient's complaints as they arose so as to avoid complaints escalating.

Information about the complaints process was provided in the patient practice leaflet and on the website.

Patients we spoke with told us they knew how to make a complaint. They told us they felt comfortable about making a complaint and they were confident their complaint would be dealt with fairly. We saw complaints were logged and investigated by the operational manager who consulted with GPs and or nursing staff where relevant. Investigations addressed the original issues raised and action was taken to rectify problems. We saw that the provider responded to complaints' in a timely manner and had taken action to resolve their complaints.

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 personalised care to patients and to promote good outcomes for patients. The vision and practice values were part of the practice's statement of purpose. Staff we spoke with knew that the practice was committed to providing good quality primary care services for all patients, including the management of long term health conditions and supporting vulnerable patients.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff. We looked at several of the policies, for example infection control policy, a medication policy and saw these were up to date and reflected current guidance and legislation.

Minden Family Practices is a group of three practices. The three practices met monthly to discuss QoF updates, enhanced services and future plans.

In addition to the business governance meetings twice monthly GP clinical meetings were held, one where an outside speaker gave a clinical presentation and one where a partner presented a clinical topic. Minutes of these meetings were not taken.

Practice nurses met monthly but did not meet with GPs on a formal basis. Reception and administrative staff met monthly.

We were told that informal meetings and discussions between GP partners were frequently held, as was discussions between GPs and practice nurses. Complaints and significant events were discussed but we did not see evidence that discussions took place on a regular basis and were recorded.

One GP at the practice was the clinical services lead for the three separate GP practices located within the same building.

Staff we spoke with were clear about their roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw the practice made use of data provided from a range of sources including the Clinical Commissioning group (CCG), General Practice Outcome Standards (GPOS) and the national patient survey to monitor quality and outcomes for patients such as services for avoiding unplanned admissions.

The practice participated in the quality and outcomes framework system (QOF). This was used to monitor the quality of services in the practice. There were systems in place to record performance against the quality and outcomes framework.

The practice had an ongoing programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. We looked at four clinical audits, which contained useful learning and plans for change to benefit patients and found they were well documented and demonstrated a full audit cycle.

Leadership, openness and transparency

Leadership of the practice was shared democratically between the partners who essentially operated as three separate practices with each holding a personal GP patient list.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues with GPs , staff told us there was never a time when there was no one to speak to seek support, advice or guidance.

The staff group was stable one. Staff told us they enjoyed their work and they felt supported and there was good team work across the practice.

The practice worked with the local the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people.

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

The practice had a successful patient participation group that met monthly. The patient participation group was made up of patients from the three Minden family practices and considered patient issues such as telephone consultations and difficulties around online prescription services.

Are services well-led?

Good

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

The practice also gathered feedback from patients through the friends and family test and they considered and responded to patient feedback through the use of compliments and complaints.

We reviewed the results of the GP national survey carried out in 2013/14 and noted 99% of respondents said the last appointment they got was convenient compared with the local average of 92%.

In response to patient feedback and comments from the GP national survey January 2015 the practice increased the availability of telephone triage and telephone appointments and they now offered routine telephone consultations on a daily basis.

The lead GPs told us they valued the importance of obtaining and acting upon he views of patients and carers and recognised that this was area that they needed to develop further.

We saw that there was a complaints procedure in place, with details available for patients on the practice leaflet and on the website. We reviewed complaints made to the practice over the past twelve months and found they were investigated with actions documented with lessons learnt shared with staff during team meetings.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. All GPs participated in an annual appraisal. We looked at four staff files and saw that appraisals had not taken place for all clinical and non-clinical staff for the last two years. The lead GPs were aware of the need to develop a staff appraisal system. A policy and procedure for staff appraisals was being developed that envisaged that all staff would have an annual appraisal with a six month review to assess progress against individual targets. Staff told us that the practice was very supportive of training. Training included, infection control, safeguarding, information governance and equality and diversity.