Churchgate Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Churchgate Surgery on 12 November 2015. Overall the practice is rated as good.

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 well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.
- Patients said they found in the main it was easy to make an appointment with a GP; however the telephone system needed to be improved. The practice had responded and was in the process of upgrading the telephone system. The practice was aware improvements were needed to provide patients with better continuity of care.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice including:

- The coordinated approach to the care, treatment and support for patients aged over 75 and the holistic approach to end of life care. We were provided with several examples of positive outcomes as a result of the work with patients over 75.
- The practice provides a free acupuncture for patients. The service was primarily for patient with chronic neck and back pain. Patients were provided with at least six treatments. By providing this free

Summary of findings

service in house meant patients did not have to travel to hospital. Outcomes included a reduction in the use of medication and patients reported a better quality of life.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data and feedback from patients showed that patients rated the practice in line with 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- There are innovative approaches to providing integrated person-centred care. For example having dedicated leads for vulnerable patients and those with poor mental health. The practice also assessed all patients over the age of 75, appointing a worker specifically for those over 75.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example reviewing the telephone system.
- People can access appointments and services in a way and at a time that suits them. Telephone consultations were readily available and home visits were provided to house bound patients including the phlebotomy service.
- The practice had good facilities and a planned programme of renovation was in place.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- There was 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the Denton Locality over 75 Scheme, this included the appointment of an over 75s worker and working closely with Age UK. The surgery were also working with the University of Manchester on a study which aims to gain an in-depth understanding of the health and social care needs of older people (aged 75+). Those patients who consented to take part, would be interviewed and detailed individual reports would be complied by the University. A copy of the reports are sent to the practice for information and to support the care and treatment. Any urgent concerns were reported back to the surgery immediately and appropriate action taken.
- The practice had approximately 45 patients living in nursing homes. Speaking with one nursing home we were provided with positive feedback of the care and treatment provided by GPs and nursing staff and the quality of End of life care provided to patients and their relatives.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with COPD and Asthma had self-management plans, access to medication at home for acute exacerbations and were directed to a structured education programme.
- The practice nurse working with the lead GP had a special interest in diabetes and where required was able to initiate insulin, meaning patients were able to receive treatment in the practice rather than another secondary care setting.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- For those patients with chronic pain, one GP provided acupuncture and they were proactive in referring patients for psychological support to help manage their condition.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was able to provide contraceptive advice and provide contraception such as contraceptive implants.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients were able to book appointments and request prescriptions online
- The practice was open 7:00am to 7:30pm on Mondays and were participating in an extend hours pilot in which patients were able to book an appointment out of hours at Ashton GP service.
- Telephone consultations were available.

Summary of findings

- The practice was piloting a text message results service with patients who had provided written consent. This would mean patients were not required to telephone the surgery to access test results.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability. Annual health checks for those with a learning disability were carried out in partnership with the local learning disabilities nurse enabling the practice to promote good health behaviour and identify early or potential health risks.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- The community drugs team provided clinics at the surgery for patients within the locality. The practice also provided a substance misuse shared care service in house for with one GP taking the lead in supporting patients with substance misuse and recovery.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 93% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice promoted self-referral to the local “Healthy Minds” service.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was in the main performing at a similar level to local and national averages. There were 117 responses and a response rate of 36%.

- 61% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 27% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 90% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 65% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

The practice invited patients within the practice and online to complete the NHS Friends and Family test. The NHS Friends and Family Test (FFT) give every patient the opportunity to feed back on the quality of care they have received. Results showed between December 2014 and June 2015, 84% of patients said they would be 'Extremely likely' or 'Likely' to recommend Churchgate Surgery to Friends or family.

The PPG has carried out two internal surveys. We noted from the survey carried out in 2013/14, when asked, 'Overall, how would you describe your experience of your GP surgery, the following results: excellent32%, very good34% and good15%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The 12 patients we spoke with were complimentary of the staff, care and treatment they received.

Churchgate Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor, practice nurse specialist advisor and expert by experience. Experts by Experience are members of the public who have direct experience of using services.

Background to Churchgate Surgery

Churchgate Surgery provides primary medical services in Denton, from Monday to Friday. The surgery is open 7:00am to 7:30pm Mondays and 8:00am to 6:00pm Tuesday to Friday.

Churchgate Surgery is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

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

Churchgate Surgery is responsible for providing care to 8500 patients.

The practice consists of four part time GP partners, two of whom are female, a nurse practitioner, practice nurses, assistant practitioner and a Phlebotomist. The practice is supported by a practice manager, assistant manager, receptionists, secretary, Prescription Clerk, over 75s administrator and a tea lady.

Churchgate surgery is a training practice, accredited by the North Western Deanery of Postgraduate Medical Education and has three GP specialist trainees (GPST).

When the practice is closed patients were directed to the out of hour's 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:

- 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

Detailed findings

- 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)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 12 November 2015. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with 12 patients including, four members of the patient participation group and twelve members of staff, including the GPs, practice manager, assistant practice manager, nurse practitioner, practice nurses, assistant practitioner, reception and administration staff.

We reviewed 21 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice computer system. The practice carried out an analysis of complaints on an annual basis to identify any patterns or trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and presented at practice meeting, following which action plans were implemented and then reviewed at subsequent meeting to ensure compliance. Quarterly significant events meeting were held for all staff to review and learn from incidents.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements, and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding children and adults. The lead GPs attended local safeguarding meetings and attended where and when possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and consulting rooms, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- 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 carried out a fire risk assessment. All of electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Staff recruitment checks were carried out and the four files we reviewed showed recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty to meet patients' needs. The practice was looking to recruit a new GP partner following the retirement of the senior partner, they told us this would help to improve on continuity of care for patients, in the meantime they had a long term locum in post.

Good

Are services safe?

Arrangements to deal with 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. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date with these guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 84% of the total number of points available, with 5.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were below local and national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators was below the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was below the CCG and national average
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were below the CCG and national average.
- Performance for palliative care related indicators was better than the CCG and national average.
- Performance for depression related indicators was better than the CCG and national average.
- The dementia diagnosis rate was above the CCG and national average.

The practice were aware the QOF outcomes were lower than previous years (2013/14 94% of outcomes were achieved) due to the retirement of a GP and a shortage in nursing staff, this was being addressed in year with the appointment of a QOF manager.

We found a wide range of clinical audits were carried out showing completed audit cycle and demonstrating quality improvement. All relevant staff were involved to improve care and treatment and people's outcomes.

- We were provided with tensamples of clinical audits completed in the last two years, seven were completed audits where the improvements made were implemented and monitored. For example, one audit in response to an alert from The Medicines and Healthcare products Regulatory Agency (MRHA) associated with the medication Hydroxyzine. Other audits included the method of diagnosis of hypertension.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice had an over 75s worker whose role was to liaise with patients over 75 years of age. Their role was to be a central point of contact within the practice for patients and their carers and they ensured care plans were up to date and where required, referred for reviews to take place with a named GP. The co-ordinator also worked closely with Age UK and made referrals, for example to provide patients with support in the community such as a buddy.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included people moving between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for patients at risk or unplanned hospital admissions.

End of life meetings took place on a monthly basis and as part of the multi-disciplinary meetings; care plans were routinely reviewed and updated. The lead receptionist acted as a central point of contact for patients and their families and other professionals involved in the patients care. They made regular contact with families to ensure their needs were being met and where required, arranged for a GP or nurse within the practice to carry out a visit.

We noted weekly clinical meetings were held in which vulnerable patients or high risk patients were discussed to ensure patients' needs were met.

The practice had links with named psychiatrists for children, adults and older people, whom they were in regular contact to provide positive outcomes for patients and joined up care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- < >taff 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through record audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service such as in house smoking cessation or weight management. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 75% which is just below the CCG average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, NHS England figures showed in 2015, 91% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination.

Flu vaccination rates for the over 65s were 78% and at risk groups 54%. These were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients,

Good

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74 and annual health checks for carers. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 21 patient CQC comment cards we received and the 12 patients we spoke with 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. Comments included good continuity of care, staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients were in the main happy with how they were treated and that this was with compassion, dignity and respect. However results associated with continuity of care were low with 27% of patients surveyed stating they usually got to see or speak to their preferred GP, compared to the local CCG average of 61%.

The practice was aware continuity of care had been an issue for patients which was a result of the senior GP retiring and another GP taking adoption leave. Although the shortage in GPs was being covered by a regular locum GP, they acknowledge this change had resulted in patients not always having the continuity of care. The practice hoped by recruiting a new GP partner and having a stable nursing team they would be able to improve this for patients in the coming year.

The practice had similar satisfaction scores on consultations with doctors and nurses as compared to national and CCG scores. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 99% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 available to them. Patient feedback and comment cards we received were also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. These results were above local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%

Good

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. Where possible face to face translators could be booked in advance.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission and poor mental health. Data showed the practice had personalised care plans in place for patients at risk of unplanned hospital admissions and we noted reviews of the care plans had taken place. Additionally the practice also had care plans in place for patients over 75, and patients with chronic diseases and dementia.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room advised patients how to access a number of support groups and organisations.

The practice computer system alerted GPs if a patient was also a carer. There were 87 patients registered as carers at the practice. Written information was available for carers to ensure they understood the various avenues of support available to them and a dedicated display board was kept up to date in the waiting area.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- The practice offered GP appointments from 7:00am to 7:30pm on Mondays and 8:00am to 6:00pm Tuesday to Friday.
- Urgent access appointments were available on the day for all patients including children and those with serious medical conditions.
- There were longer appointments available for people with a learning disability or who required a translator.
- There were disabled facilities and translation services available.
- Home visits were available for older patients and patients who would benefit from these.
- The assistant practitioner had recently taken the lead for learning disabilities reviews, working in partnership with the local learning disabilities nurse for support and continuity of care.
- The practice provided an in house phlebotomy service and provided home visits for house bound patients.
- The practice was able to initiate insulin, where required for patients with type 2 diabetes, enabling patients to receive the care and treatment at the surgery rather than being referred to secondary care services.
- The nurse practitioner ran an Anticoagulation clinic for patients and accepted referrals from other practices in the local.
- Disease modifying anti-rheumatic drugs (DMARDS) monitoring was carried out in house and monitored by the prescriptions clerk, who alerted GP to any issues.
- The practice used a risk stratification tool for all patients over 75 years old in order to identify those most at risk and develop care plans.
- The practice had a substance misuse shared care service in house with one GP taking the lead in supporting patients with substance misuse and recovery.
- The practice provided a free acupuncture for patients. The service was primarily for patient with chronic neck and back pain. Patients were provided with at least six treatments. By providing this free service in house meant patients did not have to travel to hospital. Outcomes included a reduction in the use of medication and patients reported a better quality of life.

Access to the service

Appointments were available from 7:00am to 7:30pm on Mondays and 8:00am to 6:00pm Tuesday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice regularly monitored the demand on the service and the number of appointments available and the appointment system had evolved over the last few years in response to patient demand and feedback. All children under 12 years of age or over 75 years of age were automatically seen on the same day.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was lower than local and national averages, however feedback from people we spoke with on the day and the 21 comment cards we received provided positive feedback, with the exception of the telephone system. For example the GP survey results showed:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 65% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

The practice was aware of the challenges patients faced contacting the practice and were introducing a new telephone system in November 2015 to improve telephone

Good

Are services responsive to people's needs?

(for example, to feedback?)

access for patients. The practice were also conscious of patients views on opening hours and were piloting as part of a GP federation in the in area access to more appointments out of hours.

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. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during team meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The vision, 'Working together to build a healthier future for all' was embraced by all staff and was clearly visible for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

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.
- The practice employed a pharmacist to audit medication and prescribing within the practice and look at opportunities to make efficiencies.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was in place with non clinical audits in place.
- A programme of 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, openness and transparency

The partners and managers within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The management team were visible, the practice manager had an open door policy and alongside the GP partners they were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology
- They 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. The practice had clinicians within the practice with a range of clinical and management expertise. Clinicians with lead areas were clearly visible within the practice and staff knew who lead in different areas for example there were was a lead GP for older patients, lead for safeguarding and lead for patients with poor mental health.

- Staff told us that the practice held regular team meetings. With full clinical meeting held weekly on a day where all clinical staff were able to attend. Full staff meetings were held monthly as were partner meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- The practice management and partner GPs held away days in which they looked at future planning and risk management. We noted from the minutes of the last away day issues covered included continuity of care and recruitment of a new GP partner.
- 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.

The practice embraced learning and this was evident throughout the practice. Speaking with staff they valued learning from and seeking support from colleagues with areas of expertise enabling them to provide quality care for patients.

Are services well-led?

Good

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

The practice was a teaching practice and supported three trainee GPs and the nurse practitioner was a cytology mentor and a mentor for student nurses. One GP was a clinical lecturer in primary care at Leeds University and another a tutor and an Objective Structured Clinical Examination (OSCE) examiner for medical students at the University of Manchester.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There were active PPG members who engaged with the practice through regular face to face meetings and email. The PPG met formally on average every six weeks with the practice manager and GPs to discuss practice development. We spoke with four members of the PPG who told us they felt involved and their ideas were listened to and acted up by the practice. The PPG were proud of the number of improvements they had achieved for patients which included, working with the local authority to provide disabled parking at the front of the surgery and working with the practice to develop a more welcoming front desk and improvements to the telephone system.

The practice had also gathered feedback from staff through staff meetings, appraisals 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was involved in a number of local pilot schemes to improve outcomes for patients in the area. Examples included piloting a results text messaging service and working with the University of Manchester on a study which aims to gain an in-depth understanding of the health and social care needs of older people (aged 75+).