

Blackford House Medical Centre

Quality Report

137 Croft Lane
Hollins
BL9 8QA
Tel: 0161 766 6622
Website:

Date of inspection visit: 12 July 2016
Date of publication: 26/09/2016

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Blackford House Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blackford House Medical Practice on 12 July 2016.

Overall the practice is rated as good.

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

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

Summary of findings

- The GP lead on dementia care had organised a dementia support day for patients with dementia and their carers. This involved running two workshops; one for the patients with dementia and one for their carers.
- Two student psychology sessions had been arranged to support the cares of patients with dementia. They included a general taster session and a session on how memory works and tips on how to enhance memory in a dementia patient.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Home visits and urgent appointments were available for patients with enhanced needs.
- All patients had a named GP.
- One of the GPs took responsibility for managing dementia care services and was supported by a member of the administration staff who was trained in this area of healthcare.
- There was a name GP for patients registered with the practice but living in a local care home for patients with severe learning disabilities. GPs carried out weekly visits to the care home and held a regular weekly session in order to attend to all their health care needs.
- The building was accessible to patients with mobility problems.
- Pneumonia, shingles and annual flu vaccinations were provided which included a health check for all patients in this group.
- The practice had a low acute admission rates and A & E attendance rates.
- Appointments were co-ordinated so patients could see the nurse and GP on the same day.
- Regular multi-disciplinary team meetings were held with other members of the community services.
- Telephone consultations were available.
- Regular palliative care meetings were held. GPs worked closely with the primary health care team and Macmillan nurses offering end of life care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 98% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months. This compared to the CCG average of 91% and the national average of 88%.

Summary of findings

- Longer appointments and home visits were available to allow for care planning.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Pre diabetic workshop sessions were held to educate patients on healthy living.
- The practice had low acute admission rates and A & E attendance rates.
- All palliative care, dementia and nursing home patients had a personalised care plan.
- There was a protocol for managing unplanned admissions.
- The practice volunteered to take part in a pilot study on irritable bowel syndrome and hypnotherapy.
- There was a smoking cessation clinic run by the health care support worker.
- A hypnotherapy service was available.
- In an emergency, arrangements were in place to promptly assess all patients with long term conditions and manage and / or refer them appropriately
- To ensure continuity of care, the practice tried to ensure that patients' follow-up appointments were with their regular GP.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 82% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years. This was the same as the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- GPs and clinical staff held regular multi-disciplinary team meetings with other members of the community services.
- A counselling service was available for contraception and emergency contraception was provided.

Good



Summary of findings

- Regular child health clinics were held.
- Longer appointment were provided as needed
- Appointments were co-ordinated so that patients could see their GP and nurse on the same day.
- Home visits were carried out as necessary and on the same day if needed.
- Appointments were usually from 8:30 am but this could be adjusted to accommodate working people.
- Telephone consultation were available on patients' request
- Patients were able to order prescriptions online.
- There was a GP safeguarding lead. All staff had undergone safeguarding and child exploitation training.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- There were low acute admission rates and A & E attendance rates.
- Home visits were available when needed.
- Same day and urgent appointments were available.
- NHS health checks were actively promoted.
- Saturday morning flu clinics were available.
- There were good vaccination uptake rates with the exception of the flu vaccination due to patients' choice, ethnicity and education.
- Travel vaccinations were available.
- A wide range of health promotion and screening was available.
- To ensure continuity of care, the practice tried to ensure that patients' saw their regular GP for follow-up appointments.

Good



People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a register of patients with learning disabilities and performed annual reviews.
- There were low acute admission rates and A & E attendance rates.
- Reception staff were alerted through the IT system to patients who failed to collect their prescriptions.
- GPs worked with and referred patients to local services i.e. drug and alcohol services.
- Patients registered with the practice and living in a large residential care home were supported by a named GP who carried out a weekly visit.
- Emergency arrangements were in place to promptly assess all vulnerable patients and manage and / or refer them appropriately.
- To ensure continuity of care, the practice tried to ensure that patients' saw their regular GP for follow-up appointments.

People experiencing poor mental health (including people with dementia)

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This compared to the CCG average of 89% and the national average of 84%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This compared to the national average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A & E where they may have been experiencing poor mental health.
- Longer appointments were provided if needed.
- Annual mental health reviews were carried out for all patients on the mental health register.
- Services provided from the practice included, psychology wellbeing, counsellors, a clinical psychologist and Bury health trainers.
- There was a lead GP with a special interest in dementia and mental health. A member of the reception team liaised with patients suffering with dementia and their carers to arrange annual health checks and patient reviews.
- The practice was a member of the Dementia Action Alliance.
- A community based service that supported patients with dementia commented positively on the work being carried out at the practice for patients with dementia.
- To ensure continuity of care, the practice tried to ensure that patients' saw their regular GP for follow-up appointments.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with and better than local and national averages. 236 survey forms were distributed and 105 were returned. This represented 1.3% of the practice's patient list.

- 73% of patients said they found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 87% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all consistently positive about the standard of care received. Patients described the GPs and other clinical staff as caring and said they were always treated with the dignity and respect. They said they had time during their

consultation to talk about the things that were important to them and clinicians listened to what they had to say. They said the GPs and clinicians were very kind, patient and thorough. Patients said they were confident that they received the right care and treatment. They described the reception team as friendly, professional and helpful and commented they were always treated as individuals with a number of patients stating that staff go out of their way to help and accommodate their needs. One patient described the practice as calm and safe.

We spoke with five patients during the inspection. All of the patients we spoke with said they felt safe while at the practice and found the premises were always clean and tidy. Patients told us they were informed about their test results in a timely fashion and were always asked for consent to treatment when this was appropriate. Patients said the GPs and clinicians provided them with information about how to manage their health care issues at home. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said the GPs and clinical staff explained their treatments in a way they understood and they were given options about their treatments. Patients said they could generally get an appointment easily, although not always with their preferred GP. Three of the patients were aware of the Patient Participation Group.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider introducing a system of clinical triage for home visits prioritisation as suggested by NHS England guidance.

Blackford House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an expert by experience.

Background to Blackford House Medical Centre

Blackford House Medical Practice is situated in the geographical area of Bury Clinical Commissioning Group. The practice is located in a single storey purpose built building. There is easy access to the building and disabled facilities are provided. There is a car park at the side of the building and off street parking. There is a local bus service to Bury town centre.

There are five GPs working at the practice. There are three GP partners, two male and one female. There is one female salaried GP and one female locum GP. The GPs work eight sessions per week; the locum GP works between one and two sessions per week. There are two full time practice nurses and a health care worker, all female. The practice manager and assistant practice manager are trained as phlebotomists.

The practice is a teaching practice and takes medical students.

The practice is open from 8 am to 6.30 pm Monday to Friday. Appointments are available Monday to Friday from 8.30 until 10.30 am and from 2.00 pm until 5.00 pm. GPs are

flexible with urgent appointments being available from 10.30 am, 2 pm and 5 pm. GPs will also see patients who work out of town or children who travel a distance to school at these times.

The practice is part of the Bury extended working hours scheme which means patients can access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays. Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

There are 7732 patients registered at the practice. 88% are British or mixed British. The remaining patient population group are other mixed ethnic backgrounds.

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

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 July 2016. During our visit we:

- Spoke with a range of staff including two GPs and one GP who had retired from the practice but worked two half days per week helping with administration and management. We also spoke with the practice nurse, the practice manager and two reception staff.
- Spoke with five patients who used the service.
- Reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the chaperone policy was recently reviewed following guidance from the General Medical Council and changes were made to the management of prescriptions for controlled drugs following concerns about a number of prescriptions that had to be reprinted.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. No information was available about female genital mutilation and child exploitation in the child safeguarding policy. Information submitted after the inspection indicated this issue has now been addressed. Children at risk of concern had not been coded correctly. Information submitted after the

inspection indicated this issue has now been addressed.

Information was included in the adult safeguarding policy about what action staff must take in the event of radicalisation being suspected. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager and one of the GPs were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Hazardous waste was disposed of in line with good practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

Emergency medicines were kept and regularly checked. We checked the doctors bags used for home visits. These held a range of medicines and GPs were responsible for checking expiry dates.

- The salaried GP had a handwritten prescription pad in their bag with a different GPs name on rather than their own details; the practice agreed to address this straight away so they had their own prescribing number.
- Home visits were not clinically triaged; the receptionists were trained to screen for 'red flag' emergency symptoms and recorded very basic details in a log book. This was looked at mid-morning by the practice manager and a GP. GPs had a variety of medicines in their doctor's bags but the GP registrar did not carry any medicines. This may present as a risk to patients if the registrar carried out a home visit where medication was needed and the visit not being triaged by a GP or senior nurse.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to staff. The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice manager and assistant practice manager were trained to take blood from patients. They were awaiting a Hepatitis B vaccination which is necessary for this role and arrangements had been made for this to be provided in the near future. Information submitted after the inspection indicated this issue had now been addressed.
- 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 the administration team to ensure there were enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available with 10.6% exception reporting.

The GPs had worked on reducing their exception coding over the last year and had reduced this by 2%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable or those not to attend a review meeting or when certain medicines cannot be prescribed because of contraindication or side effects. The practice exception reporting had temporarily increased because the surgery was affected by a complete road closure for six months. While the practice minimised the impact of the road closure, there was an inevitable increase in the number of patients declining some services due to the inconvenience.

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

Performance for mental health related indicators was in line with and above the national average. For example,

- 98% of patients on the diabetes register had a foot examination and risk classification within the preceding 12 months. This compared to the CCG average of 91% and the national average of 88%.

- 97% of patients with diabetes had an influenza immunisation in the preceding 12 months. This compared to the CCG average of 97% and the national average of 94%.

Performance for mental health related indicators was in line with the national average. For example,

- 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This compared to the CCG average of 89% and the national average of 84%. This data meets the current QOF standards.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had comprehensive, agreed care plan documented in their record in the preceding 12 months. This compared to the national average of 91% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- We looked at four clinical audits completed in the last two years. These were completed audits where improvements made were implemented and monitored. Overall the clinical audits were completed to a good standard, although actions were not always documented and some audits required a third cycle to demonstrate the quality achievements had improved.
- Findings were used by the practice to improve services. For example, recent action taken as a result included introducing a more robust recall system for patients with certain conditions who had not had a blood test in the last 12 months.

The practice demonstrated they had low acute admission rates and A & E attendance rates.

There was a GP buddy system in place to ensure test results received at the practice were picked up when a GP was unavailable.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The GP lead on dementia care had organised a dementia support day for patients with dementia and their carers. This involved running two workshops; one for the patients with dementia and one for their carers.
- Two student psychology sessions had been arranged to support the cares of patients with dementia. They included a general taster session and a session on how memory works and tips on how to enhance memory in a dementia patient.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were fail safe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, immunisation rates for the vaccinations given to under two year old's ranged from 99% to 100% and five year old's from 96% to 99%.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-up appointments for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Information was available to patients about Bury Health Trainers who provided patients with free personalised support on how to maintain a healthy lifestyle.
- The practice had in the recent past provided workshops for pre diabetic patients to educate them about maintaining a healthy lifestyle. The workshops included providing a room for patients to meet together, a recipe book containing a range of healthy meals and contact with clinicians for individual advice.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They described the GPs and clinicians as very kind, patient and thorough. Patients said they were confident that they received the right care and treatment. Patients described the reception team as friendly, professional and helpful. Patients said they were always treated as individuals with many patients stating that staff go out of their way to help and accommodate their needs. One patient described the practice as calm and safe.

We spoke with two members of the patient participation group (PPG). They also told us they had opportunity to express their views of the service through quality assurance questionnaires. The PPG members said the group met regularly with minutes of meetings taken. The meeting minutes were placed on the practice website so that other patients could read them. They confirmed their ideas and suggestions were taken on board and they felt listened to by the practice staff.

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

- 95% of patients said their GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said their GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. No information was available in different languages although we were informed this would be given to patients as needed.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Information about mental health and bereavement services were not available.
- The practice's computer system alerted GPs if a patient was also a carer. During the last year's flu vaccination season clinical staff had increased the identification of carers. The practice had identified 133 patients as carers.

- When a patient required a home visit, GPs took the opportunity to talk with their carer to assess their medical and social care needs and provide support as necessary.
- If families had suffered bereavement, their usual GP contacted them or sent them a sympathy card or letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was a register of deaths and staff were kept informed about patients who had died as they had often built up a relationship with the patients over time.
- The practice was registered with the Dementia Action Alliance and the practice is dementia friendly. Reception staff were trained in dementia care so they could offer additional support to patients and their carers when they visited the practice. A community based service that supported patients with dementia commented positively on the work being carried out at the practice for patients with dementia.
- The GP who leads on dementia care had organised a dementia support day. This involved running two workshops; one for the patients with dementia and one for their carers. The day was focussed on providing support and information to both groups.
- Two student psychology sessions had been arranged to support the cares of patients with dementia. They included a general taster session and a session on how memory works and tips on how to enhance memory in a dementia patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had a register of vulnerable patients with learning disabilities and performed annual reviews.
- Pre diabetic workshops had been provided to education patients about maintaining a healthy lifestyle.
- One of the GPs took responsibility for managing dementia care services and was supported by a member of the administration staff who led on this area of care. The practice was a member of the Dementia Action Alliance.
- Patients with long term conditions which may leave them at increased risk of hospital admission were additionally managed under the unplanned admission scheme.
- NHS health checks were actively promoted.
- There was a notice displayed in the patient waiting area asking patients to stand away from the reception desk in order to maintain patients' privacy while staff were speaking with patients on the phone. Staff were also trained not to mention patients by name while talking to them on the telephone in order to enhance privacy.
- A range of health promotion information was available in the patient waiting area. For example, maintaining a healthy diet, information about bowel and breast cancer, and dementia care. Health care information was also available on a television screen and a practice leaflet outlined the different clinics that were provided.
- A poster was displayed in the reception informing patients that a room was available to speak with staff in private. However, most of the patients we spoke with

were unaware this room was available. Information submitted after the inspection indicated this issue had now been addressed and leaflets had been placed in the waiting area to help further promote this service.

- One of the GPs held a weekly hypnosis sessions for patients that required this service. For example, patients with mental health problems.

Access to the service

The practice was open from 8 am to 6.30 pm Monday to Friday.

Appointments were available Monday to Friday from 8.30 until 10.30 am and from 2 pm until 5 pm.

The practice was part of the Bury extended working hours scheme which meant patients could access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays. Patients requiring a GP outside of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call would be re-directed to the out-of-hours service.

In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

People told us on the day of the inspection that they were generally able to get appointments when they needed them and urgent appointments were available.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Between September 2014 and February 2015 a local road closure meant some patients experienced difficulties in getting to the practice. The staff went out of their way to support patients' access to the service. They contacted the utility provider and requested a local bus service was provided, set up satellite surgeries, accommodated an increased demand in home visits and co-ordinated patients appointments so they did not have to visit the practice twice.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the patient waiting area (although displayed high on a wall) to help patients understand the complaints system. Information was also available on the practice website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency. Detailed records were kept about the lessons learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, following discussion with the medicines management technician from Bury CCG and the practice pharmacist, amendments were made to a standard letter which was sent out to patients to ensure that any wording was not ambiguous and could be easily misunderstood.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted time was set aside for team exercises.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG). We spoke with two members of the patient participation group (PPG). They also told us they had opportunity to express their views of the service through quality assurance questionnaires. The PPG members said the group met regularly with minutes of meetings taken. The meeting minutes were placed on the practice website so that other patients could read them. They confirmed their ideas and suggestions were taken on board and they felt listened to by the practice staff.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to improve outcomes for patients in the area. The GPs continued to look at reducing hospital admissions. Action was being taken to make the

Shapes Programme available to patients again. This 12 week programme, devised by senior practice staff and health care professionals, produced a weekly support package for groups of patients to help support healthy sustained weight loss, through the support of a personal trainer, speakers and image consultants. Regular follow-up support was also provided to monitor patients' physical and mental health. Patient outcomes were positive. Many patients were able to reduce analgesia for joint pain, antihypertensive medication and adjustments were made to patients medication for diabetes.