

# Pendleton Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We inspected Pendleton Medical centre on 23 October 2014 as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

Our inspection team was led by a CQC Inspector and a GP. The team included a practice manager and an expert by experience. We reviewed information provided to us leading up to the inspection and spent seven hours on-site speaking to 12 members of staff and three patients. We reviewed 34 comment cards which patients had completed leading up to the inspection. From all the evidence gathered during the inspection process we have rated the practice as good

During our inspection the majority of comments from patients were positive about the care and treatment people received. Patients told us they are treated with dignity and respect and involved in making decisions about their treatment options.

A small number of patients reported difficulty in making timely routine appointments with a GP, however they reported where emergency appointments were required these were accommodated on the same day.

Feedback included individual praise of staff for their care and kindness.

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.
- Staff understand their responsibilities to raise concerns, and report incidents.
- The practice is clean and well maintained.
- There are a range of qualified staff to meet patients' needs and keep them safe.
- The practice works with other health and social care providers to achieve the best outcomes for patients.

There were some areas of practice where the provider needs to make improvements.

Importantly the provider should:

# Summary of findings

There was no policy and procedures in place for staff to ensure guidance and continuity in relation to consent, or guidance for staff on how to take appropriate action where people did not have the capacity to consent in line with the Mental Capacity Act 2005.

The practice had a system for supervision and appraisal in place for all staff. However we saw staff including the practice manager had not had an appraisal since 2011.

The practice carried out significant events analysis (SEA) and clinical audits, however there was no system in place to share learning with staff and to review the impact of any changes required in light of the SEA or clinical audit.

**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 safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for effective. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Staff had received training appropriate to their roles. Multidisciplinary working was evidenced.

Good



### Are services caring?

The practice is rated as good for caring. Data showed patients rated the practice in line with expectations for all aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



### Are services responsive to people's needs?

The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. The majority of patients reported good access to the practice and a named GP and 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 complaints system with evidence demonstrating that the practice responded quickly to issues raised.

Good



### Are services well-led?

The practice is rated as good for well-led. There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and regular

Good



# Summary of findings

governance meetings had taken place. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients and this had been acted upon. The practice had a patient participation group (PPG).

# 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 population group of older people. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example in dementia and end of life care. Staff worked as part of a multidisciplinary team and with out of hours providers where patients were at the end stages of life, to ensure consistency of care and a shared understanding of the patient's wishes.

The practice was responsive to the needs of older people, including GPs, nurses and health care assistants providing home visits and rapid access appointments for those with enhanced needs.

Good



### People with long term conditions

The practice is rated as good for the population group of people with long term conditions. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. When needed longer appointments and home visits were available. All these patients had structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the population group of families, children and young people. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. All of the staff were very responsive to parents' concerns and ensured parents could have same day appointments for children who were unwell.

Emergency processes were in place and referrals were made for children and pregnant women who had a sudden deterioration in health. Staff were knowledgeable about child protection and a GP took the lead with the Local Authority and other professionals to safeguard children and families.

Good



# Summary of findings

## **Working age people (including those recently retired and students)**

Good



The practice is rated as good for the population group of the working-age people (including those recently retired and students). The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this age group. Patients were provided with a range of healthy lifestyle support including smoking cessation and weight management with referrals available to health trainers. The practice had extended opening hours enabling people to make appointments outside normal working hours. Appointments could be booked in advance.

## **People whose circumstances may make them vulnerable**

Good



The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice had carried out annual health checks for people with learning disabilities and offered longer appointments for people where required. For patients where English was their second language, a face to face interpreter could be arranged.

The practice provided care and treatment to refugees living within Salford by providing patient centred, systematic and ongoing support.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

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 and out of hours.

## **People experiencing poor mental health (including people with dementia)**

Good



The practice is rated as good for the population group of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients who experienced mental health problems. The register supported clinical staff to offer patients an annual appointment for a health check and a medication review. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had in place advance care planning for patients with dementia.

## Summary of findings

A counselling service was available for all patients. The practice had a system in place to follow up on patients who had attended accident and emergency where there may have been mental health needs.



# Summary of findings

## What people who use the service say

During our inspection we spoke with three patients and reviewed 34 comment cards which patients had completed leading up to the inspection.

All of comments were positive about the care and treatment people received. Patients told us they were treated with dignity and respect and involved in making decisions about their treatment options.

A small number of patients reported difficulty in making timely routine appointments with a GP, however they reported where emergency appointments were required these were accommodated on the same day.

Feedback included individual praise of staff for their care and kindness. We reviewed the results of the GP national survey carried out in 2013/14 and noted 96% of

respondents were able to get an appointment to see or speak to someone the last time they tried, and 89% of respondents describe their overall experience of this surgery as good. Results showed the practice was below the local CCG average for patients who would recommend the practice to someone new to the area with 71% of respondents saying they would recommend the practice compared to the CCG average of 79%.

The practice carried out a survey of patients in March 2014, with 90 patients responding, we noted 68% of responses said helpfulness of the doctor or nurse they saw was good or excellent. When asked the rate overall satisfaction with the surgery 30% stated excellent and 40% stated good.

## Areas for improvement

### Action the service **SHOULD** take to improve

There was no policy and procedures in place for staff to ensure guidance and continuity in relation to consent, or guidance for staff on how to take appropriate action where people did not have the capacity to consent in line with the Mental Capacity Act 2005.

The practice had a system for supervision and appraisal in place for all staff. However we saw staff including the practice manager had not had an appraisal since 2011.

The practice carried out significant events analysis (SEA) and clinical audits, however there was no system in place to share learning with staff and to review the impact of any changes required in light of the SEA or clinical audit.

## Outstanding practice

The practice provided services for refugees. The purpose of this enhanced service was to deliver primary medical care to refugees placed within Salford by providing patient centred, systematic and ongoing support during the 12 months following arrival and beyond. The practice provided refugee patients with access to all services. The

patients were registered on arrival and seen as and when required. The practice provided support to the patients and their dependants to understand how to use the NHS and signpost them to other appropriate healthcare resources when needed.

# Pendleton Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Pendleton Medical Centre

Pendleton Medical Centre is based in Pendleton Gateway alongside other community and health services. Pendleton Medical Centre provides primary medical services in Pendleton, a district of Salford from Monday to Friday. The practice reception is open daily from 8am until 6.30pm with the exception of Wednesdays when the practice is closed from 1pm. Surgeries are held each morning from 8am until 11.0am and afternoon surgeries between 2pm and 6pm with the extended hours on Thursdays when appointments are available until 7.30pm.

The practice provides home visits for people who are not well enough to attend the centre.

The practice has two GP partners, both male, supported by a nurse and assistant practitioner. Pendleton Medical Centre is a teaching practice, accredited by the North Western Deanery of Postgraduate Medical Education and has three GPs completing their specialist training.

Pendleton Medical Centre is an accredited GP Training Practice by the North Western Deanery of Postgraduate Medical Education.

Pendleton Medical Centre is situated within the geographical area of NHS Salford Clinical Commissioning Group (CCG). The CCG comprises of 50 GP practices serving a population of approximately 250,000 people across the eight neighbourhoods of Irlam, Swinton, Broughton, Eccles, Ordsall, Claremont, Little Hulton and Walkden.

Pendleton Medical Centre is responsible for providing care to 3184 patients,

The practice is registered to provide the following regulated activities: Diagnostic and screening procedures; Treatment of disease, disorder or injury; Maternity and midwifery Services.

When the practice is closed patients are directed to NHS111 for the out of hours service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

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.

# Detailed findings

We carried out an announced visit on the 23 October 2014. The inspection team spent seven hours at the practice. We reviewed information provided on the day by the practice, observed how patients were being cared for and reviewed a sample of anonymised patient records.

We spoke with three patients and 12 members of staff. We spoke with a range of staff, including receptionists, the practice manager, two GPs, practice nurses, the assistant practitioner and three GPs completing their specialist training.

We reviewed 34 Care Quality Commission comment cards where patients and members of the public had 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

# Are services safe?

## Our findings

### Safe Track Record

We found that the practice had systems in place to monitor patient safety. Reports from NHS England indicated that the practice had a good track record for maintaining patient safety. Information from the General Practice Outcome Standards showed it was rated as an achieving practice.

A system to report, investigate and act on incidents of patient safety was in place. This included identifying potential risk and near misses. All staff we spoke with were aware of the procedure for reporting concerns and incidents. We reviewed significant event reports and saw significant event analysis (SEA) was carried out and discussed as part of weekly clinical meetings. However we were not able to see from records what actions had been taken or that lessons learnt had been shared with staff.

We saw staff had access to multiple sources of information to enable them to maintain patient safety and keep up to date with best practice.

The practice had systems in place to respond to safety alerts, which were cascaded to staff.

The practice investigated complaints, carried out audits and responded to patient feedback in order to maintain safe patient care.

The practice had systems in place to maintain safe patient care of those patients over 75 years of age, with long term health conditions, learning disabilities and those with poor mental health. The practice maintained a register of patients who had additional needs or were vulnerable and closely monitored the needs of these patients through quarterly multi-disciplinary meetings with other health and social care professionals.

We saw patients who required annual reviews as part of their care; a system was in place to ensure reviews took place in a timely manner. We heard from these patients that staff invited them for routine checks and reminded them of appointments at the clinics.

### Learning and improvement from safety incidents

The Practice had a system in place for reporting, recording and monitoring significant events, for example prescription or patient record errors.

The practice carried out significant events analysis (SEA); we reviewed five SEAs and saw analysis of the factors leading up to the event had been recorded. We saw from minutes of weekly practice meeting SEAs were discussed but saw minimal or no records as to how it could have been handled differently, what action needed to be taken as a result of the event, action to be taken or how learning was shared with staff. We noted in two SEAs training for staff was to take place, but there was no record of the training having happened.

From the review of complaint investigation information, we saw that the practice manager and GP partners ensured complainants were given full feedback in response to their concerns.

All staff told us the practice was open and willing to learn when things went wrong. As individuals and a team, staff were actively reflecting on their practice and critically looked at what they did to see if any improvements could be made.

### Reliable safety systems and processes including safeguarding

All staff we spoke with were able to tell us how they would respond if they believed a patient or member of the public were at risk. Staff explained to us that where they had concerns they would seek guidance from the safeguarding lead or seek support from a colleague as soon as possible. We saw all staff had completed safeguarding training and had received updates.

We saw the practice had in place a detailed child protection and vulnerable adult's policy and procedure. We saw procedures and flow charts were in place for staff to follow should they have concerns about a patient. Where concerns already existed about a family, child or vulnerable adult, alerts were placed on patient records to ensure information was shared between staff to ensure continuity of care.

When the practice found repeated non-attendance of parents at the baby clinic or children's health checks the nurse would monitor and liaise with a health visitor to raise concerns and where required contact would be made with the safeguarding team.

We spoke with the GP who had responsibility for safeguarding; they had completed training to level three and were knowledgeable about the contribution the practice could make to safeguarding patients. The

## Are services safe?

safeguarding lead attended local safeguarding lead meetings and completed reports when necessary for child and adult protection case conferences, attending where possible.

A chaperone policy was in place and we saw several notices alerting patients to the availability of a chaperone. Speaking with staff who acted as chaperones, they were clear of the role and responsibility and had received training. However staff told us the GPs ask the patient if they would like the chaperone to stand in or outside of the dignity curtain. General Medical Council (GMC) Intimate examinations and chaperones (2013) guidance advises that chaperones should: 'stay for the whole examination and be able to see what the doctor is doing, if practicable.'

### Medicines Management

The practice held medicines on site for use in an emergency or during consultations such as administration of vaccinations. The practice had in place Standard Operating Procedures for controlled drugs in line with good practice issues by the National Prescribing Centre.

Medicines administered by the nurses at the practice were given under a patient group direction (PGD), a directive agreed by doctors and pharmacists which allows nurses to supply and/or administer prescription-only medicines. This had also been agreed with the local Clinical Commissioning Group (CCG).

GPs reviewed their prescribing practices as and when medication alerts were received. Staff told us information and changes to prescribing were communicated during meetings, or via email alerts. Staff told us they regularly discussed and shared latest guidance on changes to medication and prescribing practice.

A member of staff from the CCG visited the practice to support the practice with medicines management.

We saw emergency medicines were checked to ensure they were in date and safe to use. We checked a sample of medicines including those used by the GP for home visits and found these were in date, stored safely and where required, were refrigerated. Medicine fridge temperatures were checked and recorded daily to ensure the medicines were being kept at the correct temperature.

We saw an up to date policy and procedure was in place for repeat prescribing and medicine review. We saw within the six patient records we reviewed, medicine reviews had taken place where required. Patients we spoke with all told us they received reminder letters when reviews were due.

We were shown the safety checks carried out in relation to prescriptions being issued. The practice maintained a register to track prescriptions received and distributed. Prescription pads held by a GP were locked away. A nominated member of staff was responsible for prescription ordering, management handling and recording date of receipt, serial numbers and date issued for use internally. We saw prescriptions for collection were stored behind reception desk, out of reach of a patient. At the end of the day we were told these were locked away. Reception staff we spoke with were aware of the necessary checks required when giving out prescriptions to patients who attended the practice to collect them. We observed staff checking patients' details before handing over prescriptions to patients or their representatives at reception.

### Cleanliness & Infection Control

The practice was found to be clean and tidy. The toilet facilities had posters promoting good hand hygiene

displayed. All the patients we spoke with were happy with the level of cleanliness within the practice.

We saw up to date policies and procedures were in place. The policy included protocols for the safe storage and handling of specimens and for the safe storage of vaccines. These provided staff with clear guidance for sharps, needle stick and splashing incidents which were in line with current best practice.

We saw staff had received infection control training; all staff we spoke with were clear about their roles and responsibilities for maintaining a clean and safe environment. We saw rooms were well stocked with gloves, aprons, alcohol gel, and hand washing facilities.

The practice only used single use instruments, we saw these were stored correctly and stock rotation was in place.

Cleaning and maintenance was managed by the building management as was clinical waste. The practice manager told us they met with the building management routinely and were able to raise any concerns as and when required.

## Are services safe?

The practice carried out an annual infection control audit; we saw the outcomes of the last audit in April 2014, in which they scored 99% compliance.

We looked in four consulting rooms. All the rooms had hand wash facilities and work surfaces which were free of damage, enabling them to be cleaned thoroughly. We saw the dignity curtains in each room were disposable and were clearly labelled as to when they required replacing.

### Equipment

The practice manager had a plan in place to ensure all equipment the practice was responsible for maintaining was effectively maintained in line with manufacturer's guidance and calibrated where required.

All staff we spoke with told us they had access to the necessary equipment and were skilled in its use.

Checks were carried out on portable electrical equipment in line with legal requirements.

The computers in the reception and consulting rooms had a panic button for staff to call for assistance.

### Staffing & Recruitment

There were formal processes in place for the recruitment of staff to check their suitability and character for employment. The practice had a recruitment policy in place which was up-to-date. We looked at the recruitment and personnel records for staff. We saw recruitment checks had been undertaken. This included a check of the person's skills and experience through their application form, personal references, identification, criminal record and general health.

Where relevant, the practice also made checks that members of staff were registered with their professional body and on the GP performer's list. This helped to evidence that staff met the requirements of their professional bodies and had the right to practice.

We were satisfied that Disclosure and Barring Service (DBS) checks had been carried out appropriately for all clinical staff to ensure patients were protected from the risk of unsuitable staff.

### Monitoring Safety & Responding to Risk

The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs and nurses had been allocated lead roles to make sure best practice guidance was followed in connection with infection control, safeguarding and training. Speaking with GPs and reviewing minutes of meetings we noted safety was being monitored and discussed routinely. Appropriate action was taken to respond to and minimise risks associated with patient care and premises. We saw evidence that all clinical staff received regular cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaplasia.

### Arrangements to deal with emergencies and major incidents

There were plans in place to deal with emergencies that might interrupt the smooth running of the service. Within the business continuity plan there were clear guidance, with staff roles and responsibilities being clearly defined. Each GP had a copy of the plan, and a neighbouring practice had been identified as back up should it be required.

We saw fire safety checks were carried out with weekly alarm tests and full fire drills scheduled by the building manager. The building management had fire marshalls in place that ensured in the event of an emergency staff and patients were able to evacuate the building safely. We noted evacuation chairs were available to ensure patients with disabilities could be evacuated safely without the need for a lift.

Emergency equipment including a defibrillator and oxygen were easily accessible, and staff had received training in how to use the equipment. Staff told us they had training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR).

We saw emergency procedures for staff to follow if a patient informed staff face to face or over the telephone they were experiencing chest pains. This included calling 999 for patients where required. Staff were able to clearly describe to us how they would respond in an emergency situation.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff completed assessments of patients' needs and these were reviewed when appropriate. We saw within the five patient records reviewed by our GP that comprehensive assessments had taken place in the majority of cases, especially for patients with poor mental health. Tests had been requested and referrals made within time frames recommended by the National Institute for Health and Care Excellence (NICE.)

Speaking with the practice nurses they explained to us how they reviewed patients with chronic diseases such as asthma on an annual basis, and were able to make direct referrals to specialist services where required. We saw from The national Quality Outcome Framework (QOF) patients with diabetes had received appropriate tests and treatment, as had patients with atrial fibrillation currently treated with anti-coagulation drug therapy or an antiplatelet therapy.

We saw the practice maintained a register of patients with a learning disability to help ensure they received the required health checks. All patients with learning disabilities had access to annual reviews using the nationally recognised Cardiff Health Check Template, recognised by the Royal College of General Practitioners (RCGP) and The Royal College of Nursing (RCN).

The GPs carried out annual physical health reviews for patients diagnosed with schizophrenia, bi-polar and psychosis as a way of monitoring their physical health and providing health improvement guidance. The QOF showed the practice had a slightly higher prevalence of patients with poor mental health compared to other practices in the CCG area. QOF data provided evidence the practice were in the main responding to the needs of people with poor mental health, by ensuring they had access to health checks as required such as, a record of alcohol consumption and body mass index (BMI) in the preceding 12 months.

We saw from QOF that 100% of child development checks were offered at intervals that were consistent with national guidelines and policy.

For children of refugees, where records were not clear and up to date for child immunisation, a system was in place with the children's health team to review records to ensure children attending the practice had access to appropriate vaccinations.

We saw from information available to staff, minutes of meetings and by speaking with staff, that care and treatment was delivered in line with recognised best practice standards and guidelines. Staff told us they received updates relating to best practice or safety alerts they needed to be aware of via emails and nursing staff told us they received regular updates as part of their ongoing training.

Staff referred to Gillick competency when assessing young people's ability to understand or consent to treatment, ensuring where necessary young people were able to give informed consent without parents' consent if they are under 16 years of age.

Staff were able to describe how they assessed patients capacity to consent in line with the Mental Capacity Act 2005. We noted some staff including the two GPs had received training in relation to mental capacity.

The practice worked within the Gold Standard Framework for end of life care, where they held a register of patients requiring palliative care. Multi-disciplinary care review meetings were held with other health and social care providers.

We were told for patients where English was their second language a face to face interpreter could be arranged within 24 hours, or immediately over the phone. This was in line with good practice to ensure people were able to understand treatment options available. The practice had access to a full range of language interpreters; this was important as the practice provided support to asylum seekers and refugees.

### Management, monitoring and improving outcomes for people

Speaking with clinical staff, we were told assessments of care and treatment were in place and support provided to enable people to self-manage their condition. A range of patient information was available for staff to give out to patients which helped them understand conditions and treatments.

# Are services effective?

## (for example, treatment is effective)

Staff said they could openly raise and share concerns about patients with colleagues to enable them to improve patients' outcomes.

Speaking with staff they told us they benefited from weekly clinical meetings to share knowledge and discuss patient care.

The practice used the information they collected for the Quality and Outcomes framework QOF and their performance against national screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided. The QOF report from 2013-2014 showed the practice was supporting patients well with long term health conditions such as, asthma, diabetes and heart failure. They were also ensuring childhood immunisations were being taken up by parents. We were told the practice were on track to improve the outcome of patients with long term health conditions after the introduction of a new recall system for patients, to ensure patients were recalled for reviews in a more timely and consistent way.

NHS England figures showed in 2013, 100% of children at 24 months had received the measles, mumps and rubella (MMR) vaccination

The practice had systems in place to monitor and improve the outcomes for patients by providing annual reviews to check the health of patients with learning disabilities, patients with chronic diseases and patients on long term medication.

Patients told us they were happy the doctors and nurses at the practice managed their conditions well and if changes were needed they were fully discussed with them before being made.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. A good skill mix was noted amongst the GPs, nurses and assistant practitioner.

All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. Every GP is appraised annually and every five years undertakes a fuller

assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council.

Speaking with staff and reviewing training records we saw all staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice.

New staff including GP registrars participated in an induction programme. We saw an induction checklist was in place to ensure all areas were covered.

The practice had a system for supervision and appraisal in place for all staff. However we saw staff, including the practice manager, had not had an appraisal since 2011. GP registrars had weekly tutorials with the GP training lead.

All staff we spoke with told us they were happy with the support they received from the practice. Staff told us they were able to access training and received updates, in the main through e-learning. We saw staff had access to training as part of their professional development with nurses attending training in which updates on key issues was provided. One receptionist told us they had had the opportunity to complete a course on asylum seekers, which had helped them to understand the needs of this patient group.

### Working with colleagues and other services

We found the GPs and nurses at the practice worked closely as a team. The practice worked with other agencies and professionals to support continuity of care for patients and ensure care plans were in place for the most vulnerable patients. The practice held multi-disciplinary team meetings each quarter to ensure information was shared effectively.

Staff told us of the benefits of working in a multi agency building which helped to establish informal relationships, and the practice had links with the alcohol and drug services which they could refer patients. The practice nurses told us they worked alongside the diabetic nurse, who supported patients who were insulin dependent in the community.

The practice raised concerns about the links they had with health visitors and the withdrawal of the midwifery service



# Are services effective?

## (for example, treatment is effective)

on-site and the impact this may have on patient care and joint working. They had expressed their concerns with local commissioners and the Clinical Commissioning Group (CCG).

### Information Sharing

The GPs described how the practice provided the 'out of hours' service with information to support, for example end of life care. Information received from other agencies, for example accident and emergency or hospital outpatient departments was read and actioned by the GPs on the same day. Information was scanned onto electronic patient records in a timely manner.

The practice had in place a system to ensure information was shared with appropriate agencies for patients at the end of life such as out of hours providers, ambulance service and district nurses.

For the most vulnerable patients, patients over 75 years of age, and patients with long term health conditions, information was shared routinely with other health and social care providers through multi-disciplinary meetings to monitor patient welfare and provide the best outcomes for patients and their family.

### Consent to care and treatment

A policy and procedures was in place for staff in relation to consent. The policy incorporated implied consent, how to obtain consent, consent from under 16s and consent for immunisations. A consent form was in place for staff to complete and included details of where a parent or guardian signed on behalf of a child and a space for an interpreter to sign.

The policy did not include guidance for staff on how to take appropriate action where people did not have the capacity to consent in line with the Mental Capacity Act 2005. However all clinical staff we spoke with understood the principles of gaining consent including issues relating to capacity. Staff told us where they had concerns about a patient's capacity they would refer patients to the GP.

GPs were able to outline a mental capacity assessment they would use to support them in making assessments of a patient's capacity and outlined the need to keep clear records where decisions were made in the best interest of patients who did not have capacity to make decisions. This

showed us that staff were following the principles of the Mental Capacity Act and making detailed records of decisions to ensure patients or relatives were involved in the decision making process.

All staff we spoke with made reference to Gillick competency when assessing whether young people under sixteen were mature enough to make decisions without parental consent for their care. Gillick competency allows professionals to demonstrate they have checked the persons understanding of the proposed treatment and consequences of agreeing or disagreeing with the treatment. We were told this would be recorded within the patient's record.

For patients where English was their second language, a face to face interpreter could be arranged within 24 hours, or immediately over the phone. This is in line with good practice to ensure people are able to understand treatment option available and give voluntary and informed consent.

### Health Promotion & Prevention

New patients looking to register with the practice were able to find details on the practice website or by asking at reception. New patients were provided with an appointment with a member of the nursing team for a health check.

The practice had a range of written information for patients in the waiting area, including information they could take away on a range of health related issues, local services and health promotion.

We were provided with details of how staff actively promoted healthy lifestyles during consultations. The

clinical system had built in prompts for clinicians to alert them when consulting with patients who smoked or had weight management needs. We were told health promotion formed a key part of a patient's annual reviews and health checks.

The nurses provided lifestyle advice to patients. This included dietary advice for raised cholesterol, alcohol screening and advice, weight management and smoking cessation. Patients who wanted support to stop smoking could be referred to an in-house smoking cessation service.

A children's immunisation and vaccination programme was in place. Data from NHS England showed the practice was achieving high levels of child immunisation including the MMR a combined vaccine that protects against measles,

## Are services effective?

(for example, treatment is effective)

mumps and rubella, Hepatitis C and Pertussis (whooping cough) Primary. We saw from QOF that 100% of child development checks were offered at intervals that are consistent with national guidelines and policy.

Flu vaccinations for children and adults had started in September 2014, with a good uptake, and shingles vaccination clinics were available for patients of the appropriate age.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

During our inspection we observed staff to be kind, caring and compassionate towards patients. We saw reception staff taking time with patients and trying where possible to meet people's needs.

We spoke with three patients and reviewed 34 CQC comment cards received in the week leading up to our inspection. All were positive about the level of respect they received and dignity offered during consultations.

The practice had information available to patients in reception and on the website that informed patients of confidentiality and how their information and care data was used, and who may have access to that information, such as other health and social care professionals. Patients were provided with an opt out if they did not want their data shared.

We observed staff speaking to patients with respect. We spent time with reception staff and observed courteous and respectful face to face communication and telephone conversations. Staff told us when patients arriving at reception wanted to speak in private they would speak with them in one of the consultation rooms at the side of reception. However two patients and reception staff we spoke with raised concerns patients could be overheard at reception. We noted from the National GP Patient Survey, only 66% were satisfied with the level of privacy when speaking to receptionists at the surgery. There was no hearing loop available for patients with hearing impairment; we observed one patient who was hard of hearing could be overheard in the waiting area speaking at reception. The practice manager told us they were in discussion with the building manager to install a fabric barrier to help with confidentiality.

Majority of the patients we spoke with were complimentary about the reception staff and this was also reflected in the National GP Patient Survey where 83% said the receptionists at this practice were helpful.

Staff were able to clearly explain to us how they would reassure patients who were undergoing examinations, and described the use of modesty sheets to maintain patients' dignity.

We found all rooms were lockable. All consulting rooms had dignity screens in place to maintain patients' dignity and privacy whilst they were undergoing examination or treatment.

### Care planning and involvement in decisions about care and treatment

The majority of the patients we spoke with told us they were happy to see any GP or nurse as they felt all were competent and knowledgeable. Most patients found that they had been able to see their preferred GP but they had to wait for appointments.

Patients we spoke with told us the GP and nurses were patient, listened and took time to explain their condition and treatment options. This was reflective of the results from the National GP Patient Survey in which 75% of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care, and 81% said the last nurse they saw or spoke to was good at explaining tests and treatments.

We saw from The Quality and Outcomes framework (QOF) data for 2012/13 and 86.4% of patients with poor mental health had a comprehensive care plan documented in the records agreed between individuals, their family and/or carers as appropriate.

Staff were knowledgeable about how to ensure patients were involved in making decisions and the requirements of the Mental Capacity Act 2005 and the Children's Act 1989 and 2005. Staff told us relatives, carers or an advocate were involved helping patients who required support with making decisions. We saw staff had access to pictures to help involve patients with learning disabilities to be involved in understanding and making decisions about their care and treatment. Where required independent translators were available either by phone or face to face for patients where English was their second language.

We noted where required patients were provided with extended appointments for reviews with patients with learning disabilities to ensure they had the time to help patients be involved in decisions.

At reception we saw information for carers, where there were leaflets and information to guide patients to support and advice.

## Are services caring?

### **Patient/carer support to cope emotionally with care and treatment**

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

From the National GP survey 77% of respondents stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern.

Patients who were receiving care at the end of life had been identified and joint arrangements were in place as part of a

multi-disciplinary approach with the palliative care team. The practice has a complete register available of all patients in need of palliative care/support irrespective of age.

Patients had access to a counselling service. They were referred to a Primary Care mental health team, and could access counselling appointments at the practice if they chose to do so.

We did not see any information available for patients recently bereaved. Reception staff told us they used to have leaflets available but these were not available during our inspection. Practical information on what to do in times of bereavement was available on the website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had an understanding of their patient population, and responded to meet people's needs.

The practice provided services for refugees. The purpose of this enhanced service was to deliver primary medical care to refugees placed within Salford by providing patient centred, systematic and ongoing support during the 12 months following arrival and beyond. The practice provided refugee patients with access to all services. The patients were registered on arrival and seen as and when required. The practice provided support to the patients and their dependants to understand how to use the NHS and signpost them to other appropriate healthcare resources when needed.

Patients who were receiving care at the end of life had been identified and joint arrangements were in place as part of a multi-disciplinary approach with the palliative care team.

The practice were proactive in making reasonable adjustments to meet people's needs. Staff and patients we spoke with provided a range of examples of how this worked, such as accommodating home visits and booking extended appointments. Home visits were not only provided by GPs but the nurses and assistant practitioner also provided home visits.

We saw where patients required referrals to another service these took place in a timely manner. This included referrals to counselling, smoking cessation services and drug and alcohol services.

A repeat prescription service was available to patients. Patients were able to email request, telephone, or request a repeat prescription with staff at the reception desk. We saw patients accessing repeat prescriptions at reception without any difficulties.

The practice had been proactive in attempts to form a Patient Participation Group (PPG). Patients did not want to join a group but were happy to be consulted on a one to one basis, and input into a newsletter. These comments reflected those patients we spoke with. The PPG had three virtual online members.

### Tackling inequity and promoting equality

The practice had taken steps to ensure equal access for patients. The website was accessible, and could be translated into different languages if required.

The practice was on the first floor of Pendleton Gateway, accessed by stairs and a lift, with access for people with disabilities or pushchairs and specific parking spaces for patients with a disability. All toilets were disabled toilets and baby changing facilities were available on the ground floor. Signage throughout the building incorporated braille.

Plans were in place to have hand rails in the corridor to support patients with poor mobility.

The practice ensured that for patients where English was their second language they had easy access to an interpretation service. The practice had in place information in different languages, accessed via the website. These interpretation services ensured patients were able to make informed decisions about care and treatment.

The electronic patient arrival screen, had national flags for patients to press, which translated the sign in screen into different languages, should patients wish to say they had arrived for their appointment via the electronic system as opposed to informing a receptionist.

The practice provided extended appointments where necessary and appointments were available from 8am until 11.30am and 2pm until 6pm, with extended hours on a Mondays between 6.30pm and 7.30pm to allow people to make appointments out of normal working hours.

We saw information in the waiting area promoting support services for lesbian, gay and bi-sexual people, and behind reception free safer gay men's sexual health packs were available.

### Access to the service

Patients were able to make appointments up to four weeks in advance by telephone. For same day or emergency appointment patients were required to phone the practice at 8am. This was an area of concern for some patients who told us they struggled to get through on the phone, and by the time they did get through all the appointments had gone. This was reflected in the national GP patient survey with 72% of respondents saying they found it easy to get

# Are services responsive to people's needs?

(for example, to feedback?)

through to this surgery by phone, below the average for other practices in the area. However 96% of respondents said they were able to get an appointment to see or speak to someone the last time they tried.

Not all patients expressed concerns over the appointment system and told us of positive experiences. They told us they were accommodated with appointments within a couple of days, or seen straight away for

emergencies. We were told by reception staff any children or vulnerable patients would get a same day appointment.

Home visits were available for patients each day by telephoning the practice between 9am and 10.30am.

Patients were clearly guided to out of hours service with information provided on the website and an answerphone should patients call the practice out of hours.

## Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

We saw there was a complaints procedure in place. We reviewed complaints made to the practice over the past twelve months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

Complaints information was displayed in the waiting area and available on the website. Patients we spoke with told us they would know how to make a complaint if they felt the need to do so.

The practice had a robust system in place to investigate concerns, with meetings held to discuss issues arising from complaints and incidents.

# 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 described themselves as a family practice and were proud to deliver high quality care and promote good outcomes for patients. We found details of the practice values within their statement of purpose, “Our health professions act as a patient’s advocate, supporting and representing a patient’s best interests to ensure they receive the best and most appropriate health and/or social care”.

Observing staff and speaking with staff and patients we found the practice clearly demonstrated a commitment to compassion, dignity, respect and equality.

We spoke with 12 members of staff and they all expressed their understanding of the core values, and we saw evidence of the latest guidance and best practice being used to deliver care and treatment.

The practice however did not have a clear strategy of vision for the future, beyond expanding the training provided to GP registrars. One of the GP partners told us they were looking to develop a better business plan for the future.

### Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at several of the policies and saw where these had been updated they were comprehensive and reflected up to date guidance and legislation.

The practice had policy and guidance in place for monitoring quality of the service, which outlined staff responsibilities for the quality clinical lead for the practice and quality non-clinical lead. The practice held weekly meeting which included governance.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards.

The practice had a clinical audit system in place to continually improve the service and deliver the best possible outcomes for patients. We were provided with a range of audits the GPs had carried out over the past year.

These included audits carried by GP registrars such as sore throat and cancer diagnosis. One GP was in the initial stages of an audit looking at the assessment and initial management of depression.

We saw from the majority of the clinical audits, outcomes and actions were recorded. However there was no system in place to share learning with staff and to review the impact of any changes made, therefore not completing a full audit cycle in line with good practice.

The practice carried out significant events analysis (SEA). We reviewed five SEAs and saw analysis of the factors leading up to the event had been recorded. We saw from minutes of weekly practice meeting SEAs were discussed but saw minimal records as to how it could have been handled differently, what action needed to be taken as a result of the event, action to be taken or how learning was shared with staff. We noted in two SEAs training for staff was to take place, but there was no record of the training having happened. Speaking with the practice manager and GPs they were aware of the need to improve the system for looking at significant events and sharing learning, and were booked onto training to support this development such as quality scheme incident reporting and root cause analysis training in January 2015.

The practice had arrangements in place for identifying, recording and managing risks, working alongside the facilities management for the premises. The practice manager provided us with details of the maintenance and equipment checks which had been carried out in the past twelve months.

### Leadership, openness and transparency

The practice had in place a ‘being open’ policy, which reflected the concept of an open approach to communication of patient safety incidents to patients, families and carers which was first introduced into the NHS in 2005, and was further reviewed in 2008.

We were shown a leadership structure which had named members of staff in lead roles. The practice set out leadership and governance roles among the GP partners, with one GP taking a lead for training and another for quality clinical leadership. We saw the practice manager took the lead for the management of complaints and significant events.



# Are services well-led?

Good 

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

We spoke with 12 members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example a recruitment policy and a training policy, which were in place to support staff. Staff we spoke with knew where to find policies if required. We spoke with the newest member of staff who were complimentary of the support they had received during their induction.

## **Practice seeks and acts on feedback from users, public and staff**

The practice had gathered feedback from patients through the GP national survey, PPG survey, compliments and complaints.

We saw that there was a complaints procedure in place, however this was not readily available for patients, who were required to ask at reception if they wanted to make a complaint. The practice leaflet and website informed patients to contact the practice manager should they wish to make a complaint. We noted there was no suggestion box for patients to leave on-going feedback.

We reviewed complaints made to the practice over the past twelve months and found in the main they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings. We saw from one complaint made in November 2013, a learning point was for a member of staff to attend a refresher course in customer services. This had not been done.

We reviewed the results of the GP national survey carried out in 2013/14 and noted 71% of respondents would recommend this surgery to someone new to the area and 89% describe their overall experience of this surgery as good.

We saw the results of the practice patient survey carried out in March 2014 displayed on a notice board, with the action plan attached. We saw an invitation for patients to join the patient participation group (PPG). We saw from the results, when asked the rate of their overall satisfaction with the surgery 30% of patients stated 'excellent' and 40% stated 'good'.

The practice had tried a number of initiatives to recruit patients to join the PPG. From this they had a small virtual online group which they consulted by email or on a one to one basis. The practice continued to encourage membership.

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 in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff within the practice.

## **Management lead through learning & improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training. We saw a training matrix was in place, and the system of e-learning had a flag system to alert the practice manager when staff required updates.

We looked at four staff files and saw that appraisals took place which included a personal development plan, however we were aware that not all staff had received appraisals including the practice manager. Staff told us that the practice was very supportive of training.

The practice was a GP training practice, with two GP registrars working within the practice. Pendleton Medical Centre is an accredited GP Training Practice by the North Western Deanery of Postgraduate Medical Education. Speaking with the GP registrars they were complimentary about the opportunities to learn and the support they received from colleagues at the practice. We saw from annual Quality Improvement Report 2013/14 from the North Western Deanery an overall improvement in the placement scores from GP registrars and medical students and they reported and positive comments from students about their community placements.

We saw that learning was not always reviewed and reflected upon or systematically shared with staff following significant events or incidents. This had been recognised by the practice and training was planned to improve.