

Royton 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Royton Medical Centre on 19 May 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, with the exception of some recruitment processes.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available.
- Patients we spoke with said they usually found it easy to make an appointment with a 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- The provider must ensure that all appropriate recruitment procedures are carried out prior to a new staff member starting work.

Summary of findings

In addition the areas where the provider should make improvements are:

- The provider should formally review significant events to ensure improvements have been made.
- The provider should review their patient group directions (PGDs) to make sure all relevant parts are completed.

- The provider should formalise the health and safety checks they carry out.
- The provider should have a system where all training can be recorded and monitored.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. These were discussed in the regular meetings held. However, they were not formally reviewed periodically and lessons learned were not always recorded.
- Relevant pre-employment checks were not completed for all staff working at the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. Some of these, such as health and safety checks needed to be formalised.
- Patient group directions to allow nurses to administer medicines in line with legislation had not always been authorised for named individuals.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans 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 in line with others for several aspects of care.

Summary of findings

- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients we spoke with said they usually 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 evidence from three examples reviewed 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group (PPG).
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and there was protected learning time each month.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 96%. This was above the CCG average of 87% and the national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Good



Families, children and young people

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

Good



Summary of findings

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were in line with the CCG and national averages for all standard childhood immunisations.
- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had devised a child friendly version of the NHS Friends and Family Test.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.
- The practice had opened their patient participation group (PPG) to virtual members who found it difficult to attend meetings.

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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advanced care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was 100%. This was above the CCG average of 92% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 323 survey forms were distributed and 101 were returned. This was a response rate of 31% representing 2% of the practice's patient list.

- 84% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 85% and the national average of 85%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 74% 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 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which all contained positive comments about the standard of care received. Patients commented staff were friendly and helpful, and they felt listened to. Two patients commented that appointments were difficult to access but others stated on the day appointments were available when required.

We spoke with six patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Most said they could access appointments when needed although two stated additional evening surgeries would be helpful for patients who worked. We also spoke to two members of the patient participation group by telephone and they were satisfied with the care they received.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure that all appropriate recruitment procedures are carried out prior to a new staff member starting work.

Action the service **SHOULD** take to improve

- The provider should formally review significant events to ensure improvements have been made.

- The provider should review their patient group directions (PGDs) to make sure all relevant parts are completed.
- The provider should formalise the health and safety checks they carry out.
- The provider should have a system where all training can be recorded and monitored.

Royton 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 and a practice nurse specialist advisor who was observing.

Background to Royton Medical Centre

Royton Medical Centre is located in a purpose built health centre in a shopping centre in the Royton area of Oldham. There is car parking close by. The practice is fully accessible to those with mobility difficulties.

At the time of our inspection there were 4167 patients registered with the practice. The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under a General Medical Services (GMS) contract.

There are two GP partners, both male. One GP partner is based in another practice and the other has occasional surgeries at this practice. They took over the practice in 2014. They both own other practices and are fully involved in the running of this practice. There are two salaried GPs, one male and one female, and locum GPs are used when required. There is a practice nurse and a healthcare assistant. The practice manager is the CQC registered manager, and they are responsible for the day to day running of the practice. They are supported by administrative and reception staff.

Opening hours are 8am until 8.30pm on Monday and 8am until 6.30pm Tuesday to Friday. There are morning and afternoon surgeries and these times are flexible.

The practice is registered to deliver the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is in the fifth most deprived decile, with one being the most deprived in the country. Life expectancy in the area is in line with the national average.

There is an out of hours service available by phoning NHS 111. The out of hours provider is Go To Doc Limited.

The practice is not currently a training practice but plan to offer training opportunities in the near future.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations, for example Oldham clinical commissioning group, to share what they knew. We carried out an announced visit on 19 May 2017. During our visit we:

Detailed findings

- Spoke with a range of staff, including GPs, the practice manager, the practice nurse, the healthcare assistant and reception and administrative staff.
- Spoke with patients, including two members of the patient participation group.
- Observed how patients were being cared for in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would usually 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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information and a written apology.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. Although they were discussed at meetings as a standard agenda item there was no formal review to ensure incidents had not been repeated. Incident recording forms did not usually include a description of learning from the event or changes made. However, the practice manager told us these were discussed at meetings.
- Meetings were held with two other practices so staff had a wider understanding of significant events through the discussions held.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We saw that safeguarding incidents were discussed in clinical meetings and when appropriate in administrative meetings.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse 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 chaperone policy stated that if an interpreter was present during a consultation they may also be able to act as a chaperone. The practice manager told us interpreters did not act as formal chaperones and only their own trained staff performed these duties.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. In addition there were unannounced monthly infection control inspections by the lead.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.

- The practice held Patient Group Directions (PGDs) which should be in place so nurses are administering medicines in line with legislation. However these had not been formally adopted by the practice. We reviewed five PGD documents and found that although they were in place they had not been fully completed with all the required information.

We reviewed eight personnel files and found appropriate recruitment checks had usually been undertaken prior to employment. These included identity checks, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, not all necessary checks had been completed for the clinical pharmacist and evidence of some checks had not been kept for a regular locum GP. The clinical pharmacist started work over six months prior to the inspection. They were asked to provide details of their work history four months after they started work and references were provided in the week of the inspection. The practice did not hold all the required information for a regular locum GP. There was no work history or DBS check held and although evidence had been kept of liability insurance this had expired. The practice manager told us the locum GP was known to one of the partners, and they sent in evidence of current liability insurance and a DBS check following the inspection. The practice manager told us they did not usually check the work history of locum GPs that were not supplied by an agency as they often knew and had been recommended by the partners.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- The practice manager told us that although they did not carry out formal recorded health and safety checks they checked all areas of the practice daily and attended to issues as they arose.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- 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 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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, for 2015-16, were 99% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%.

This practice did not have any negative outliers for any QOF (or other national) clinical targets. However there was a positive outlier; The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 100%, compared to the CCG average of 82% and the national average of 84%. Exception reporting for this was below average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Data from 2015-16 showed:

- Performance for diabetes related indicators was 96%. This was higher than the CCG average of 87% and the national average of 90%. Clinical exception reporting rates were in line with the CCG and national average.
- Performance for mental health related indicators was 100%. This was above the CCG average of 92% and the national average of 93%. Clinical exception reporting rates were variable, with some above and some below the CCG and national averages.

There was evidence of quality improvement including clinical audit. There had been six clinical audits commenced in the last two years, and we saw evidence

of a two cycle audit showing improvements had been made. There was no formal audit plan in place but the practice put this in place following the inspection and sent us evidence of this.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- There was no job description for the clinical pharmacist who had been working at the practice for six months. The practice manager told us this was because he had not been working at the practice for long and they did not know if they would stay. A job description was sent to us following the inspection. Reception staff held a list of ailments that could be dealt with by this staff member.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. The practice manager appraised non-clinical staff. A GP from a different practice owned by the same partners carried out appraisals for clinical staff and the practice manager. The practice manager had a 360 degree appraisal, where other staff at the practice had the opportunity to give constructive feedback.

Are services effective?

(for example, treatment is effective)

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice manager kept certificates relating to staff training. However the overarching training matrix detailing what training each staff member had completed was not up to date.
- Although one partner did not work at the practice and the other had occasional surgeries they supervised the locum GPs and were available by telephone if any clinician wanted to discuss anything with them.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Clinical staff had had MCA training. Deprivation of Liberty Safeguards (DoLS) had been discussed at a recent clinical meeting to ensure all clinicians had an up to date understanding of DoLS. The discussion was documented.
- 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.

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. We found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. However we saw no evidence in the care plans that the health or care of patients had improved.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Macmillan nurses and health visitors did not always attend palliative care meetings but the GPs liaised with them by telephone to provide updates.

Consent to care and treatment

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Weight management was provided by the practice and smoking cessation advice was available from a local support group.
- All patients registering with the practice were invited for a new patient health check.

The practice's uptake for the cervical screening programme was 85%, which was comparable with the CCG and national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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 immunisations for the most recently published date (2015-16) for two year olds had been below the 90% standard, at 89%. However we saw these figures had increased for the year 2016-17 and the practice was on target. The vaccination rate for five year olds was also in line with the CCG and national averages.

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-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice nurse and healthcare assistant were able to give weight management and smoking cessation advice. Patients could also be referred to specialist services in Oldham. There was an in-house phlebotomy service.

There was a lot of information about health initiatives available in the waiting area.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 33 patient Care Quality Commission comment cards we received contained positive comments 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.

We spoke with eight patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with 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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

Are services caring?

- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 85% 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 interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as

carers (0.9% of the practice list). The practice was actively trying to identify carers by asking patients when they registered at the practice and during consultations if they had caring responsibilities. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

The healthcare assistant made a 'comfort call' to groups of patients such as the elderly, housebound and carers to check if the practice could offer any additional support. In addition, all staff had been trained as Dementia Friends. The Dementia Friends programme is an initiative to change people's perceptions of dementia and tackle the lack of understanding that means many people with the condition experience loneliness and social exclusion.

A counsellor from MIND, the mental health charity, attended the practice for one day each week. GPs could refer patients for counselling, and patients could also self-refer. MIND had been attending the practice for 18 months and a survey of patients who used the service had shown they found it beneficial.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. At times staff also attended the funerals of patients. Specialist bereavement counselling was available at the local hospital and patients could also see the MIND counsellor who attended the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- One of the salaried GPs spoke Polish and the practice manager told us some Polish patients had registered with the practice for this reason.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice sent text message with health promotion initiatives.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice was in the process of arranging for a representative from Welfare Rights to attend to give regular advice to patients regarding issues such as benefits or housing.
- There was a clinical pharmacist available one day a week who had a minor ailments clinic.
- The practice had recently purchased a new building and planning permission had been granted to make improvements. Further services would be offered when the practice moved.

Access to the service

The practice was open between 8am and 8.30pm on Monday and from 8am until 6.30pm Tuesday to Friday.

There were morning and afternoon surgeries and the times of these were flexible. The Monday extended hours opening had been arranged for when there was the most demand for appointments. Pre-bookable out of hours appointments were also available at a hub in a nearby practice.

The practice manager carried out monthly appointment audits and could demonstrate that they offered the recommended number of appointments and the majority of patients were able to access appointments when required. During the inspection we heard reception staff inform patients they had the option of booking an appointment at the hub if there were no convenient appointments left at the practice. We also saw the healthcare assistant immediately offer to see a patient who was requesting an appointment as they had some spare time. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for patients that needed them. Telephone appointments were also available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was usually above CCG and national averages.

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 45% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Receptions staff had a written protocol so they knew when to contact a GP immediately for advice about a patient.

They also knew when to refer a patient to another service, such as A&E. 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.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included written information in the waiting area. .

We looked at three of the complaints received in the last 12 months and found they had been dealt with in a timely way with openness and transparency. All responses contained information about how the patient could escalate their complaint if necessary. Complaints were discussed in meetings. They were also discussed in joint meetings held with other practices owned by the partners, so lessons learned were more widely shared.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- The two GP partners mainly had their surgeries at other practices. However, the practice manager was the CQC registered manager and was responsible for the day to day running of the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. Three practices owned by the partners met together so they were able to learn from each other.
- Although there was no audit programme at the time of the inspection the practice put one in place immediately afterwards and shared this with us.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were discussed in the practice meetings and the practice manager informally checked there were no themes or recurrences.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 that although the partners did not spend much time at the practice they were approachable and always available by telephone when needed.

The provider was aware of and had systems 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. From the sample of significant events and complaints we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings. These included joint meetings with two other practices owned by the partners.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good 

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

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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every two to three months. They had carried out brief patient satisfaction surveys and were involved in looking at previous GP patient survey results and monitoring improvements where necessary. The PPG was actively trying to recruit patients more representative of the practice population and they had recently recruited virtual members who were unable to attend meetings but could contribute by email. Members of the PPG with appropriate skills were involved in keeping the website up to date and arranging training for members, such as Welfare Rights training.
- the NHS Friends and Family test, complaints and compliments received. The NHS Friends and Family Test

was reviewed monthly. Information about how to complete it was also available in Urdu and Polish, and the practice had devised a children's survey so they could also be involved.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice manager, who was also the CQC registered manager, was training a member of the reception team to cover some aspects of their job when required. They had also received training on wider aspects of practice management from the clinical commissioning group (CCG).

Although the practice was not a training practice at the time of the inspection, this was being put in place. One of the salaried GPs was a trainer and medical students and trainee GPs would be attending the practice in the future.

The partners had purchased and recently obtained planning permission for new premises very close to the current practice. The building was significantly larger than the current one and when the building work was completed the partners intended to offer more services to their patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures are not established and operating effectively to ensure that persons employed meet the conditions set out in Regulation 19 (1). In particular the employment history and evidence of conduct in previous employment had not been checked for some clinical staff. This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	