

Whittaker Lane 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 carried out an announced comprehensive inspection at Whittaker Lane Medical Practice

on 21 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Detailed records were kept and there was evidence of learning.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A detailed pre-diabetes audit took place and became a service development. The practice was developing the

education for this group of patients to try and reduce the incidence of diabetes. Pre-diabetic patient educational workshops had taken place and were planned to continue.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Many patients described the service and care they received as excellent. They said their health care needs were dealt with by GPs who were patient and listened to what they had to say.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had a culture of openness when encouraging staff to submit incident reports. Senior staff investigated these appropriately and used the findings to improve standards.
- Staff worked within a 'no blame' culture, which was embedded through discussion, team working and the ongoing monitoring of the service.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Clinical staff worked proactively with patients at risk of unplanned hospital admissions to reduce their presentation at emergency departments. Data showed unplanned admission to A & E was significantly reduced.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with 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



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs. The practice did not have a lift. Consultation rooms on the ground floor were available to patients who could not manage the stairs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older 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.
- One of the GPs took responsibility for dementia care. They were supported by an identified member of the administration team.
- A named GP made weekly visits to patients registered with the practice and living in a local care home.
- The building did not have a lift so was not accessible for patients who had mobility problems. Consultation rooms on the ground floor were made available for these patients or anyone who needed this facility.
- There was an annual flu, pneumonia and shingles campaign which included providing health checks for all patients in this group
- All patients had a named GP.
- Staff worked towards the Gold Standards Framework for palliative care.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. 95% of patients had a record of a foot examination and risk classification within the preceding 12 months. This compared to the CCG average of 91% and the national average of 98%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care
- Pre diabetic workshop sessions were offered to patients to provide healthcare advice and support.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- 82% of women aged 25-64 have had a cervical screening test in the preceding 5 years. This compared to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with other health care professionals such as district nurses.
- There was a drop-in surgery for urgent appointments every Monday morning between 9 am and 11 am.
- There was a family planning clinic available for coils and implants.
- Staff were up to date with safeguarding training.
- Same day appointments were provided to patients under 12 years of age.
- Childhood vaccinations were co-ordinated around school times.
- New born baby assessments were run jointly with vaccination clinics.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- A third of patients were registered for booking online appointments and were encouraged to use this facility.
- Travel vaccinations were available.
- Extended hours were provided at the practice and patients also had access to the Bury wide extended hours service.
- Appointment times with the doctors were flexible and telephone consultations were available.
- Health care appointments were available from 8.30 am and nursing appointments were available until 6pm
- Patients were encouraged to use the practice website for information. For example, travel vaccination questions and a respiratory review questionnaire.
- The practice had a Facebook page that was used to promote healthcare information.
- NHS health checks were promoted.
- Pre bookable appointments were available in advance, both face to face and on the telephone.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of homeless patients with a learning disability and they were offered longer appointments as necessary.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- All staff were up to date with safeguarding (adult and child) training. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- GPs engaged with local services such as the local mental health team and drug and alcohol services
- The IT system alerted reception staff to patients who were deemed vulnerable.
- There was a recall system in place to contact patients who did not attend for their appointment.

Summary of findings

- Receptionists were alerted by red flags on the IT system to patients who failed to collect their prescription.

People experiencing poor mental health (including people with dementia)

Good



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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This compared to the CCG average of 89% and the national average of 84%.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This compared to the CCG average of 91% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to contact patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff were trained on how to support patients with mental health needs and dementia.
- Longer appointments were available if needed.
- Annual mental health reviews were carried out for all patients on the mental health register.
- Secondary care services were provided from the practice, for example, counsellors and a clinical psychologist, and third sector parties such as health trainers.
- The practice had close links with a number of mental health care homes with most patients now registered with the practice.
- One of the GPs was trained in dementia care and took responsibility for managing this area of care.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2015/2016. The results showed the practice was performing in line with or just below local and national averages. 304 survey forms were distributed and 111 were returned. This represented 1.6% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients said the practice was well managed and they were very happy with the service they received. Many patients described

the service and care they received as excellent. They said they were always treated with dignity and respect and their health care needs were dealt with by GPs who were patient and listened to what they had to say. They said that referrals to secondary care services were prompt as were follow-up appointments. Patients described the nursing staff as caring and approachable. Patients said the reception staff were helpful and professional, some patients commented they went out of their way to help. Several patients commented they felt staff exceeded their expectations, including reception staff, the practice nurse and GPs.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or on-line. The FFT gives every patient the opportunity to feed back on the quality of care they have received. We looked at the results from April and May 2016 indicated patients were overwhelmingly 'extremely likely' to recommend the practice to friends or family. Patients commented positively about the service they received and considered the practice was very well managed. They said the GPs and nursing staff were kind and compassionate and reception staff were helpful and efficient.

Areas for improvement

Action the service **SHOULD** take to improve

- Staff who acted as a chaperone should be clear about the procedure to follow and how to record information in patients' notes about when a chaperone had been used.
- A risk assessment should be completed in relation to storing blank prescription forms in printers overnight.
- Review the results from the national GP patient survey which showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment

Whittaker Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser.

Background to Whittaker Lane Medical Centre

Whittaker Lane Medical Practice, Daisy Bank, Whittaker Lane, Prestwich, Manchester M25 1EX is situated in the geographical area of Bury Clinical Commissioning Group (CCG). The practice is located in a large three storey converted house. There is easy access to the building and disabled facilities are provided. There is a small car park at the back of the building and off street parking. There is a local bus service from Bury town centre.

There are six GPs working at the practice; four male and two female. The GPs work between four and seven sessions per week. Three of the GPs are partners, one is salaried and two are registrars. There is one full time practice nurse and a part time health care assistant, and two pharmacists who work one and two sessions per week. All of these staff are female. The practice has a team of administrative staff. There is a practice manager, a deputy manager, four receptionists, two secretary / receptionists and an administrative apprentice. There is also one relief receptionist who covers staff vacancies, sickness and holidays.

The practice is a GP teaching and training practice. Teaching practices take medical students and training practices have GP trainees and Foundation Year 2 doctors.

The practice is open from 8 am to 6.30 pm Monday to Friday. Extended opening hours are provided on a Thursday between 6.30 pm and 8 pm.

Appointments are available from 9 am to 12 noon and 3 pm to 5 pm. Extended appointment hours are provided on a Thursday when the practice is open from 8 am to 8 pm. The practice offers a flexible appointment system and earlier and later appointments are offered most days.

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

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

There are 6650 patients registered at the practice. 21% are under 15 years of age and 8% of patients are over 75 years of age. Most patients are white British with a high population of Orthodox Jewish patients and smaller groups of different ethnic backgrounds.

Detailed findings

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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 June 2016. During our visit we:

- spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- reviewed policies, audits, personnel records and other documents relating to the running of the practice.
- reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice carried out a thorough analysis of the significant events. Information was well recorded and there was evidence that learning had taken place. For example, GPs now actively contacted patients who may be a risk of suicide in order to carry out a health check.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff were aware of the chaperone policy although there was some inconsistency about where they should stand when they acted as a chaperone and how information should be recorded.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Children's toys and the blood pressure monitoring equipment were not clean. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. A risk assessment should be completed in relation to storing blank prescription forms in printers overnight.
- There was a thorough recruitment and selection procedure. A recruitment policy was in place which ensured staff followed the correct procedures when recruiting and selecting staff for the practice. Records were kept of staff interviews to demonstrate evidence of the selection procedure.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The practice exception rate was 10% which was 2% above the CCG average and 1% above the national 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).

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

Performance for diabetes related indicators was similar to the national average. 99% of patients with diabetes have had an influenza immunisation in the preceding eight months. This compared to the CCG average of 97% and the national average of 94%.

Performance for mental health related indicators was similar to the national average. 95% of patients with schizophrenia, bipolar affective disorder and other psychoses have had their alcohol consumption recorded in the preceding 12 months. This compared to the CCG average of 92% and the national average of 90%.

There was evidence of quality improvement including clinical audit.

- The GPs are involved in carrying out relevant regular full clinical audits each year. We looked at two full clinical audits. These were completed audits where the improvements made were implemented and monitored. These audits were very detailed and demonstrated good patient outcomes. For example, a pre diabetes audit took place which demonstrated the effectiveness of educating patients in this aspect of their health care. Findings were used by the practice to improve services. For example, recent action taken as a result included setting up a pre diabetes patient group lead by one of the clinicians.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice was proactive in monitoring those patients identified as vulnerable or at risk. This included, monitoring A&E attendances. This had resulted in a large decrease in the use of A&E and more planned interventions from GPs and other clinicians. Evidence was also provided about safety measures put in place for patients who may be at risk of domestic violence.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with two newly appointed administrative staff who confirmed they had received a thorough induction training programme and received very good support from senior staff when they were first employed.
- 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, administering vaccinations and taking samples for the cervical screening programme.
- 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.

Are services effective?

(for example, treatment is effective)

- 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. Staff had received an appraisal of their work within the last 12 months with the exception of one staff member.
- 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 health care assistant and pharmacists were now embedded into the staff team which provided a good skill mix for the team.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. There were times when other health care professionals did not attend these meetings and efforts had been made to address this issue for the purpose of ensuring good communication.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service as necessary.

The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 83% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-up appointments for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided. Many patients described the service and care they received as excellent and commented they felt staff exceeded their expectations, including reception staff, the practice nurse and GPs.

We spoke with a member of the Patient Participation Group (PPG). They said they were included in quality assurance surveys and surveyed for their views of proposals put forward by the practice and / or the local CCG.

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

- 83% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%. This issue had been addressed by the GPs and senior staff with management and support given to improve this aspect of the service.

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 how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 68% 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%. This particular issue had been addressed by GPs with additional support given to improve this aspect of the service.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. There were no notices in the reception areas informing patients this service was available.
- There were health promotion information leaflets available in easy read format.

Patient and carer support to cope emotionally with care and treatment

There was no information available in the patient waiting area about support groups and organisations although information was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers. Carers were offered health care checks. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs or by giving them advice on how to find a support service. We were told this was done ad hoc and action was being taken to formalise this area of support to ensure patients received some contact from a clinical member of staff following a bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice did not have a lift. Consultation rooms on the ground floor were available to patients who could not manage the stairs
- There was information in the patient waiting area to support patients with dementia and their carers.
- One of the GPs had specialist knowledge around the care of homeless patients.

Access to the service

The practice was open from 8 am to 6.30 pm Monday to Friday. Extended appointment hours were provided on a Thursday between 6.30 pm and 8 pm. Appointments were available from 9 am to 12 noon and 3 pm to 5 pm. The practice offered a flexible appointment system and earlier and later appointments were offered most days. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. The practice was part of the Bury extended working hours scheme which means patients could access a designated GP service in the Bury area from 6.30pm to 8.00pm Monday to Friday and from 8am to 6pm on Saturdays, Sundays and bank holidays.

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

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at the summary of complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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

Staff focussed on providing a service that sat at the heart of the community. This was underpinned by a clear vision to deliver high quality, safe and timely patient care with a focus on enabling patients to make the right choices for themselves. There was a mission statement and staff knew and understood the values. The practice had a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

There was a strong leadership in place at the practice which focussed on patients' health care and monitoring and improving service delivery. On the day of inspection the GPs 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. This was reflected in the CQC comment cards we received which provided us with feedback about the practice. Feedback from patients about their care was consistently and strongly positive.

Patients commented they were very happy with the service they received and considered the practice was well managed. Staff told us the partners were approachable and always took the time to listen to all members of staff.

There was a culture of ongoing learning and staff met regularly to discuss their work. GPs were encouraged to challenge each other's practice to ensure they continued to develop in their role and the service continued to develop in a way which met patients' individual and changing health care needs.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. For example, GPs had reviewed the use of a specific medicine. When it became apparent that a different medicine would be better for their health care, then patients were contacted and informed of the change.

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of all correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days (half a day) were held every six months. The culture of the practice encouraged staff to suggest changes that could positively impact patient experience and the working environment.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We were told the PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff away days, staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice.

- Team away days (half a day) took place twice a year which focussed on team building and developing and improving the service.
- The practice had a Facebook page which provided patients with information about different health care issues such as testicular cancer, community support services and the community events the staff are involved in.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice was planning to work more closely with voluntary services using the co-production model. This meant patients could work with their GP and other clinicians in the planning and delivery of their service.
- A detailed pre-diabetes audit took place and became a service development. The practice was developing the education for this group of patients to try and reduce the incidence of diabetes. Pre-diabetic patient educational workshops had taken place and were planned to continue in the future.
- Vision planning meetings were being held to continually monitor and review the development of future services.