

# Dr Rachel Tomalin, Cale Green Surgery

## Quality Report

20 Meyer Street  
Cale Green  
Stockport  
SK3 8JE  
Tel: 0161 480 2882  
Website: [www.calegreensurgery.co.uk](http://www.calegreensurgery.co.uk)

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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 Dr Rachel Tomalin, Cale Green Surgery on 13 April 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 a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained so they had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients were complimentary about the staff at the practice.
- 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 the facilities and was well equipped to treat patients and meet their needs. Some work place maintenance records were not available.
- The practice had been without a practice manager for several months and this had affected some aspects of administration. However, there was an awareness of where the practice needed to improve the services it provided and it had taken action to improve. The practice was in the process of employing a new practice manager.
- Staff felt supported by management and demonstrated a clear understanding of the leadership structure.

# Summary of findings

- The practice listened to patients however proactive engagement seeking feedback from patients had not been prioritised due to the absence of a practice manager.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff and staff who carry out the role of chaperone have a Disclosure and Barring Service check (DBS) in place.

In addition the provider should:

- Ensure a planned programme of clinical audit and re-audit is established to enable the practice to monitor care and treatment consistently and to make improvements as required quickly.

- Review the practice environmental safety to ensure appropriate risk assessments are in place; gas and electrical safety maintenance records are accessible and periodic fire safety checks are carried out.
- Ensure periodic analysis of significant events and complaints are carried out to identify themes and trends so that appropriate action can be taken if required.
- Ensure meeting minutes are stored securely and are easily accessible to all staff.
- Review and update policies, procedures and guidance.
- Actively promote and facilitate patient participation to provide feedback about the service provided by the practice.

**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**



- 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. However, recorded evidence for example in meeting minutes was not accessible and some building risk assessments and maintenance records were not available.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, except those related to the recruitment of staff.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) in 2014-2015 showed performance indicators for some patient outcomes were below the national average and the practice's own performance in previous years. However data supplied by the practice for 2015-2016 although unverified, showed that the practice had taken action and had improved their performance to that of previous years and was now at or above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, however a planned programme of audit and re-audit needed to be developed.
- 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.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in the local neighbourhood complex care multi-disciplinary team.
- 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 the facilities and was well equipped to treat patients and meet their needs. The practice changed the location of consultations to meet patient's needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. However the practice had been without a practice manager for several months and some aspects of the practice administration needed improving. For example the practice had a number of policies and procedures to govern activity, but some of these were overdue a review.

Good



# Summary of findings

- There was an overarching governance framework, which supported the delivery of the clinical strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The GP 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, although this was not always recorded.
- The practice listened to patient feedback although the absence of a practice manager had affected the practice's capacity to proactively seek feedback from patients and its patient reference group (PRG).
- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One practice nurse carried out a planned weekly visit to the local care home allocated to them and ensured patients received a timely review of their health care needs.
- Six weekly palliative care meetings were held and community health care professionals attended these

### People with long term conditions

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

Good



- Discussion with the practice identified that they were aware that data from the Quality and Outcomes Framework (QOF) in 2014-2015 showed their performance to have dropped when compared to their previous year's performance and national averages. For example, indicators for three out of the five diabetes indicators was below the national average. The practice took action and produced unverified figures (submitted to NHS England) of their performance for 2015-2016. These showed significant improvement across all indicators. In addition, the practice had increased the number of practice nursing hours. One practice nurse confirmed they had received training to undertake diabetic foot checks. The practice nurse confirmed that all patients who required these checks had been offered these.
- The practice encouraged patients to self refer to education programmes such as Expert for the management of diabetes and other long term conditions.
- Longer appointments and home visits were available when needed.
- 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.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Quality and Outcome Framework (QOF) 2014-15 data showed that the practice performed above the national average with 80% of patients with asthma, on the register, who had had an asthma review in the preceding 12 months (National data 75%).
- The practice's uptake for the cervical screening programme was 78%, which was slightly below the national average of 82%. The practice told us that the recruitment of an additional practice nurse had assisted in increasing the uptake of cervical training.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## 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).

Good



- 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.
- Early morning GP and Health care assistant appointments were available four days a week from 7.30am.
- Telephone consultations were available.
- 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.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had received training on the early identification of patients with cognitive impairment.
- Alerts were posted on patient electronic records to identify those who were assessed as high risk
- The practice had approximately 30 patients on their dementia register and these benefited from six monthly reviews.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was above 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as Stockport Progress and Recovery Centre (SPARC) a voluntary organisation providing support to adults who experience mental health problems
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line or above national averages. A total of 309 survey forms were distributed, and 119 were returned. This represented approximately 3% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% 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%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 85% 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 15 comment cards, which were all positive about the standard of care received. Patients described the service as excellent, staff were helpful, caring and respectful and the GP was described as caring and responsive. We spoke with two patients during the inspection and one member of the practice's patient reference group (PRG). All said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Ensure recruitment arrangements include all necessary employment checks for all staff and staff who carry out the role of chaperone have a Disclosure and Barring Service check (DBS) in place.

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

- Ensure a planned programme of clinical audit and re-audit is established to enable the practice to monitor care and treatment consistently and to make improvements as required quickly.

- Review the practice environmental safety to ensure appropriate risk assessments are in place; gas and electrical safety maintenance records are accessible and periodic fire safety checks are carried out.
- Ensure periodic analysis of significant events and complaints are carried out to identify themes and trends so that appropriate action can be taken if required.
- Ensure meeting minutes are stored securely and are easily accessible to all staff.
- Review and update policies, procedures and guidance.
- Actively promote and facilitate patient participation to provide feedback about the service provided by the practice.

# Dr Rachel Tomalin, Cale Green Surgery

## 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 specialist adviser with practice management experience.

### Background to Dr Rachel Tomalin, Cale Green Surgery

Dr Rachel Tomalin, Cale Green Surgery is part of the NHS Stockport Clinical Commissioning Group (CCG). Dr Tomalin is the registered provider and is a single handed GP. Services are provided under a general medical services (GMS) contract with NHS England. The practice has 3713 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy (77 and 80 years respectively) in the practice geographical area is below the England and CCG averages of 79 and 83 years.

Dr Tomalin provides full time GP cover at the practice and is supported by a salaried female GP three days per week. A male locum GP works on Mondays. The practice employs two practice nurses and a health care assistant as well as

reception and admin staff. The practice had not had a practice manager in place for several months and was in the process of going through recruitment procedures to secure the services of a new practice manager.

The practice is open between 7.30am to 6.30pm Monday, Tuesday, Thursday and Friday; and from 8am on Wednesdays. GP appointments and health care assistant appointments are available from 7.30am on the early opening days.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to order prescriptions and request and cancel an appointment.

The practice building provides consultation rooms on two floors. An elevator was not available for patients. However, practice staff confirmed that consultation rooms were changed so that patients who had mobility or other disabilities could be seen on the ground floor.

### Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 April 2016.

During our visit we:

- Spoke with a range of staff including the registered provider Dr Rachel Tomalin, two practice nurses, the health care assistant and reception and administrative staff.
- We spoke with two patients and one member of the patient reference group.
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 GP, (in the absence of the practice manager) of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events, however a system of periodic review of all the events received within a specific timeframe could identify themes and trends, for which action could be taken.

Interviews with clinical staff identified that incident reports, safety records and patient safety alerts were discussed and responded to, however minutes of team meetings where these were discussed could not be located to demonstrate when these discussions occurred. Practice staff gave an example where inadequate communication between midwives and the practice clinical team was raised so that systems of information sharing were improved and the health care needs of vulnerable children monitored more effectively.

### 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 GP and one practice nurse 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 3. One practice nurse had had advanced safeguarding training to level 6. The other practice nurse was trained to level two.

- 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. However not all staff who carried out this role had evidence available to demonstrate they had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice 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 and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency 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. The practice took action at the inspection to improve the safe storage of blank prescription forms and pads. There were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that there were gaps in the recruitment checks undertaken prior to employment. For example, some employees had only one reference on file and two staff members in clinical roles did not have evidence that DBS checks had been undertaken. There was limited evidence that recruitment checks for locum GPs were undertaken.

# Are services safe?

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the patient waiting room. The practice had an up to date fire risk assessment, fire maintenance certificates were available and staff had received training in November 2015. However, since the last practice manager had left at the end of January 2016 regular fire safety checks had not been undertaken. The practice was unable to locate a gas and electrical safety certificate but evidence was available that showed electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However, a Legionella risk assessment was not available (Legionella is a term for a particular bacterium that 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

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

# 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.

- Clinical staff confirmed they received updates directly by email from the Clinical Commissioning Group (CCG). They told us that they discussed those relevant to the work they carried out to ensure patients' needs were met in line with best practice. The practice staff team were unable to locate team meeting minutes to demonstrate when these were discussed. The shared computer drive accessible by all staff had not been updated since the departure of the last practice manager.
- Discussion with members of the clinical staff team demonstrated that staff were aware of the guidelines and implemented these appropriately.

### 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 85% of the total number of points available, with 0% clinical exception reporting. 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. The 0% clinical exception reporting meant that all patients were included in the QOF calculations. QOF data records from previous years showed that this was about a 10% drop in performance compared to the previous 5 years of QOF data recording. Discussion with the practice identified that the practice electronic computer recording database system was changed in 2014-15 to a more widely used database. The practice believed that a significant proportion of data was lost or coded inaccurately during this period. Data submitted to NHS England for verification and provided to us for 2015-16 showed that the practice achieved 96% of

the total number of points available. This was a significant improvement from last year and better reflected the normal trend of achievement for the practice in previous years.

The practice QOF data for 2014-15 showed it was an outlier for three diabetic indicators and one indicator for patients with hypertension. For example data showed

- Performance for three out of the five diabetes related indicators was below the national average. For example, the percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months (01/04/2015-31/03/2015) was 52% compared to the national average 77%. 49% of patients with diabetes on the register had a blood pressure reading below 140/80mmHg in the preceding 12 months compared to the national average 78%. 45% of patients registered at the practice received a diabetic foot check compared with the national average of 88%. Unverified data from 2015-16 indicated that these shortfalls had been improved on. Further the practice had employed another practice nurse, who had received training in diabetic foot checks. This ensured diabetic patients could have the full diabetic review at the practice.
- 64% of patients with hypertension had their blood pressure measured and was 150/90mmHg or less in the preceding 12 months compared to 84% nationally.
- 80% of patients with asthma, on the register had an asthma review in the preceding 12 months, which was above the national average 75%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was above the national average of 88%.

There was some evidence of quality improvement including clinical audit.

- Two recent clinical audits were available for us to review. These included a joint injection audit and an inadequate smear audit. However a planned programme of clinical audit and re-audit was not in place. This would ensure actions to improve patient outcomes identified in the clinical audits were reviewed to ensure they were effective.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- One clinical staff team member described their induction training at the practice. This included the organisation /workplace induction as well as a role specific induction to support and upskill the staff team member.
- 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. Both practice nurses and the health care assistant told us about the extensive training that they had received to ensure they could undertake their role and responsibilities effectively. Training certificates for the training received were available.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Both practice nurses were mentors who supported colleagues to develop their skills whilst ensuring competency in the tasks being undertaken. 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service, for example Stockport Progress and Recovery Team (SPARC), Minor Eye Conditions Service (MECS) and Expert patient self care education programmes.

The practice's uptake for the cervical screening programme was 78%, which was slightly below the national average of 82%. It was reported that the recruitment of the additional practice nurse who offered appointments until 6pm three



# Are services effective?

(for example, treatment is effective)

evenings each week had increased the practice uptake of cervical screening. There was a policy to send contact reminder letters for patients who did not attend for their cervical screening test. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the Clinical Commissioning Group

(CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 68% and five year olds from 91% to 82%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. Appropriate follow-ups 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 consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 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.

The practice had a patient reference group (PRG). The GP confirmed that the absence of a practice manager had prevented the practice being proactive in seeking feedback from the patient reference group. We spoke with one member of the PRG. They confirmed that there had been very little consultation from the GP practice about the operation of the service provided. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% 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%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and we were provided with examples when these services had been used. The practice website also had a language translation facility.

## Are services caring?

### **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.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. This included signposting to bereavement services and working with organisations such as AgeUK.

The practice had reviewed how it supported bereaved patients and following this review they offered support as requested by the patient.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered early morning appointments from 7.30am to 6.30pm Monday, Tuesday, Thursday and Friday; and from 8am on Wednesdays. GP appointments and health care assistant appointments were available from 7.30am on the early opening days.
- There were longer appointments available for patients with a learning disability or special health care needs.
- 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 required same day consultation.
- The practice provided a spirometry service to their own patients and those registered at other GP practices.
- One practice nurse carried out planned weekly visits to the care home allocated to the GP practice. At this visit they reviewed patient health care needs and reviewed the patient care plan with the care home staff. Any concerns were reported back to the GP and the appropriate treatment commenced. The weekly visit had promoted continuity of patient care, reduced the number of requests by the care home for home visits and reassured patients' relatives.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice scheduled patient appointments on the ground floor if the patient had problems climbing stairs. Translation services were available although a hearing loop service was not.

### Access to the service

The practice was open between 7.30am to 6.30pm Monday, Tuesday, Thursday and Friday and from 8am until 6.30pm on Wednesdays. Appointments could be booked up to four weeks in advance and these could be booked in person, by telephone or online. In addition to pre-bookable appointments, urgent appointments were also available each day for people that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### 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.
- The GP was the designated responsible person who handled all complaints in the practice.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Practice staff confirmed that complaints were reviewed if appropriate at team meetings; however, a periodic analysis of complaints to identify themes and trends was not undertaken.

# 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 on the practice website, within their Statement of Purpose. Staff knew and understood the values of the practice and confirmed that patient health and wellbeing was central to all they did.
- The GP had good insight and awareness of the challenges facing the practice. One of the challenges was the lack of consistent practice manager support for over 12 months. The practice was in the process of recruiting a new practice manager at the time of our inspection visit.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, the absence of a practice manager had resulted in gaps in the effectiveness of the governance framework. The provider was taking action to address this by recruiting a practice manager.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However a number these required reviewing and updating.
- Despite the absence of the practice manager the practice maintained a comprehensive understanding of its performance and had implemented action successfully to ensure performance improved for 2015-16. For example, the Quality and Outcome Framework (QOF) results had improved significantly.
- A programme of clinical audit was used to monitor quality and to make improvements. However a planned programme of clinical audit and re-audit would assist the practice to monitor quality improvements in patient outcomes.
- Systems were in place for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The GP practice had the experience and capability to run the practice and ensure high quality care. The GP's position to provide strong leadership would be strengthened further once the newly recruited practice manager had taken up post. The practice prioritised safe, high quality and compassionate care. Staff told us that the GP was visible and approachable and always took the time to listen to all members of staff.

The practice had a "Being Open" policy, which reflected 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). Evidence was available to show the practice acknowledged and apologised to patients when they got things wrong. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held regular team meetings, although minutes of team meetings could not be located on the practice's shared drive.
- 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 were held once or twice per year.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about the practice, and the provider encouraged members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. However, due to the lack of a practice manager it had not been proactive in seeking patient's feedback.

- The practice had previously gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The practice website contained historical copies of minutes from patient participation meetings and action plan priorities

# Are services well-led?

Good 

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

and these demonstrated the practice did engage proactively with patients in the past. The provider anticipated that this would develop once the new practice manager was established in post.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

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

- The staff team were actively encouraged and supported with their personal development. Clinical staff gave examples of how the GP had supported them to develop their skills and abilities.

- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk and vulnerable patients. The neighbourhood multi-disciplinary team had recently commenced regular meetings.
- The practice implemented rigorous monitoring of data and patient information to monitor children identified as at risk of abuse and to identify others at potential risk. Close working relationships were established with health visitors and midwives.
- The practice monitored its performance and benchmarked themselves to ensure they provided a safe and effective service.

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  <b>How the regulation was not being met:</b>  Appropriate employment checks were not carried to ensure the safe and effective recruitment of staff.  Regulation 19 (1)(a)(b), (2)(a), (3)(a)(b) and (4)(a)(b)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	