Donald Wilde Medical Centre

Quality Report

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Date of inspection visit: 10 March 2015
Date of publication: 16/04/2015

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Donald Wilde Medical Centre on 10 March 2015. We found that the practice was rated as good overall.

Our key findings were as follows:

- The practice is rated as good for safe. Staff understood their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. There were enough staff to keep people safe.
- The practice is rated as good for effective. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included the promotion of good health. Staff had received training appropriate to their roles and further training needs were identified and planned. The practice had an effective appraisal system in place for all staff. Multidisciplinary working was evidenced.
- The practice is rated as good for caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.
- The practice is rated as good for responsive. The practice reviewed the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported good access to the practice and the GPs and continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised.
- The practice is rated as good for well-led. The practice had a clear vision and strategy to deliver this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

Summary of findings

There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this had been acted upon. Staff had received inductions, regular appraisals and attended staff meetings. The practice had a developing patient participation group (PPG).

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?

Good

The practice is rated as good for safe. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. The practice provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice assessed risks to patients and managed these well.

Are services effective?

Good

The practice is rated as good for effective. Patients' care and treatment took account of National Institute for Health and Care Excellence (NICE) and local guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice was proactive in the care and treatment provided for patients with long term conditions and regularly audited areas of clinical practice. There was evidence that the practice worked in partnership with other health professionals. Staff received training appropriate to their roles and the practice supported and encouraged their continued learning and development.

Are services caring?

Good

The practice is rated as good for caring. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly those with long term conditions, and to families following bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice was aware of the needs of their local population and engaged with the NHS Local Area Team (LAT) and Clinical Commissioning Group (CCG) to secure service improvements where these are identified. Patients reported good access to the practice and said that urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

needs. There was a clear complaints system with evidence demonstrating that the practice responded quickly to issues raised. The practice had a positive approach to using complaints and concerns to improve the quality of the service.

Are services well-led?

Good

The practice is rated as good for well-led. The practice had an open and supportive leadership and a clear vision to continue to improve the service they provided. There was a clear leadership structure and staff felt supported by management. The practice had well organised management systems and met regularly with staff to review all aspects of the delivery of care and the management of the practice. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and this was acted upon. There was evidence that the practice had a culture of learning, development and improvement.The practice had a developing patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice was knowledgeable about health needs of older patients. The practice had a weekly meeting regularly to discuss the care of older people they had visited the precious week. They had information on patients' health conditions, carers' information and whether patients needed home visits. This information was used to provide services in the most appropriate way and time sensitive manner. Staff were also able to recognise signs of abuse in older people and knew how to refer these concerns.

We found the practice worked well with other agencies and health providers to provide support and access specialist help when needed. We found that treatment and care was delivered in line with the patient's needs and circumstances, including their personal expectations, values and choices.

Where older people had complex needs then special patient notes or summary care records were shared with local care services including the out of hour's provision. End of life care information was shared with other local services.

People with long term conditions

Good

The practice was knowledgeable about the health needs of patients with long term conditions. They worked with other health services and agencies to provide appropriate support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed.

Families, children and young people

Good

The practice provided services to meet the needs of this population group. There were comprehensive screening and vaccination programmes which were managed effectively to support patients. A variety of services and clinics were in place to ensure that the diverse and specialist needs of this population group were being met.

Staff were knowledgeable about child protection and a GP took the lead for safeguarding. For children and young people Gillick assessments were completed.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of the working-age people including those recently retired. The needs of the working age population and those recently retired had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offer continuity of care. This included a late surgery one day per week and telephone consultations daily. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the population group of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice had offered annual health checks for people with learning disabilities. The practice offered longer appointments for people with learning disabilities if required and carer support. There was a GP who took the lead for safeguarding vulnerable adults.

People experiencing poor mental health (including people with dementia)

Good

GPs worked with other services to review and share care with specialist teams and maintained a register of people within this population group. During our inspection we did not encounter any barriers to access for this population group. There were systems in place to enable timely and appropriate referrals to be made to mental health services for patients if needed.

There was a monthly dementia clinic at the practice facilitated by a consultant psychiatrist from the local mental health NHS trust. Health promotion advice and information was available to this population group which included information about MIND, a mental health charity. Staff had an understanding of the mental capacity act.

Summary of findings

What people who use the service say

We spoke with six patients who used the service on the day of our inspection and reviewed 40 completed CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the service provided.

National GP survey results published in January 2015 indicated that the practice was best in the following areas:

- 62% of respondents with a preferred GP usually get to see or speak to that GP, local (CCG) average: 58%
- 76% of respondents usually wait 15 minutes or less after their appointment time to be seen, local (CCG) average: 72%
- 91% of respondents say the last GP they saw or spoke to was good at listening to them, local (CCG) average: 88%

National GP survey results published in January 2015 indicated that the practice could improve in the following areas:

- 70% of respondents were able to get an appointment to see or speak to someone the last time they tried, local (CCG) average: 80%
- 78% of respondents say the last nurse they saw or spoke to was good at involving them in decisions about their care, local (CCG) average: 85%
- 64% of respondents describe their experience of making an appointment as good, local (CCG) average: 70%

There were 402 surveys sent out, 115 returned giving a completion rate of 29%.

Donald Wilde Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector accompanied by two specialist advisers, a GP and a practice manager, and an expert by experience who is a member of the public trained by the CQC.

Background to Donald Wilde Medical Centre

Donald Wilde Medical Centre has over 5,000 patients registered and is part of Oldham Clinical Commissioning Group (CCG). There are two partner GPs supported by locum GPs who have worked with the practice for a period of time, a practice nurse and a healthcare assistant. There is also a practice manager supported by a reception and administration team. The practice teaches 3rd and 4th year medical students from Manchester Medical School.

The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice offers a range of services for its patient population. Donald Wilde Medical Centre is registered with the CQC as a provider of primary medical services. Both partner GPs are legally responsible for making sure the practice meets the requirements of the Health and Social Care Act as the registered managers. The registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The Surgery is open as follows:

- Monday 08:00 – 20:00
- Tuesday 08:00 – 18:30
- Wednesday 08:00 – 18:30
- Thursday 08:00 – 18:30
- Friday 08:00 – 18:30

Patients can book appointments in person or via the phone and online. Emergency appointments are available each day. There is an out of hours service available for patients provided by Go to Doc and information about the local walk in centre.

The CQC intelligent monitoring placed the practice in band 6. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Information from the General Practice Outcome Standards (GPOS), Quality Outcomes Framework (QOF) and Oldham Clinical Commissioning Group (CCG) information showed the practice rated as an achieving practice.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. This 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.

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.

How we carried out this inspection

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

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

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

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

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also reviewed further information on the day of the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 10 March 2015.

During our visit we spoke with a range of staff, including the GPs, nursing and administrative staff and spoke with six patients who used the service. We also reviewed information from the completed CQC comment cards. We observed how people were being cared for and talked with carers and/or family members.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident and accident reports and saw evidence that these were reviewed and that action was taken when necessary. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these.

We saw that incidents and all details of investigations were recorded. All learning points were documented and included discussions with the patient at the centre of the incident, reviews of medication, and sharing of information internally with clinical and non-clinical staff, were appropriate, and externally with the Oldham Clinical Commissioning Group (CCG).

We looked at the systems to manage and monitor incidents. We saw records were completed in a comprehensive and timely manner. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

National patient safety alerts were disseminated by the practice manager via email to practice staff. These are alerts issued to healthcare staff on patient safety issues that require urgent attention and/or action.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received relevant role specific training on safeguarding. The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and another as the lead for safeguarding children. They and the practice nurse had been trained to level 3 safeguarding vulnerable adults and children. We asked members of medical, nursing and administrative staff about their training. Staff were aware who the lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details for local authority safeguarding personal were accessible to all staff.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example if a child was subject to a child protection plan.

There was a chaperone policy. Staff had been trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. We also saw that the temperature of the fridges, used specifically for the storage of medicines and vaccines, were regularly checked and recorded. Cold chain protocols were strictly followed. We saw written records of these and this was confirmed by staff. The "cold chain" is the process of keeping medicines within a safe temperature range.

The practice manager oversees the processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Good

Are services safe?

Vaccines were administered by the practice nursing team using protocols that had been produced in line with legal requirements and national guidance. We saw evidence that the practice nursing team had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The doctor's bag was securely stored when not in use. The GPs were responsible for checking drugs held in the Doctor's bag prior to visits. Any replacement drugs needed were ordered and replaced by the GP.

Any medicines alerts that were received were reviewed by the practice manager and then disseminated to all clinical staff via email.

Cleanliness and infection control

There were systems were in place that ensured the practice was regularly cleaned. A GP had overall responsibility for infection control within the practice. We found the practice to be clean at the time of our inspection. A system was in place to manage infection prevention and control. We saw that recent audits relating to infection control and hand washing had been completed to ensure actions taken to prevent the spread of potential infections were maintained.

We also saw that practice staff were provided with equipment such as disposable gloves and aprons. This was to protect them from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

We looked at the consulting and treatment rooms and found these rooms to be clean and fit for purpose. Hand washing facilities were available and storage and use of medical instruments complied with national guidance with most equipment for single use only. We looked at medical equipment and found that it was all within the manufacturers' recommended use by date.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes were provided for use and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a legionella risk assessment in place and a current test had not been undertaken. Legionella is a form of bacteria that can grow in water and cause a potentially fatal infection. However we saw evidence that an external company was scheduled to undertake this within a week of our inspection.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly .and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment that supported clinical practice such as spirometers to measure lung capacity.

We also saw that fire and intruder alarms were regularly tested, checked and serviced. There were also checks of fire extinguishers

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS).

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always

Good

Are services safe?

enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

We found checks were made to minimise risk and best practice was followed. These included monitoring staff training to ensure they had the right skills to carry out their work and monitoring stocks of consumables and vaccines to ensure they were available, in date and ready to use.

Most of the staff at the practice had been employed for many years and knew the patients well. Staff we spoke to told us they were able to identify if patients were unwell or in need of additional support, they told us that this meant that they could make arrangements for the patient to be helped accordingly.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen. The practice did not currently have an automated external defibrillator (used to attempt to restart a person's heart in an emergency) but we saw evidence that they were assessing the need for one.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included loss of computer system, loss of GP availability and loss of power. We saw evidence that the business continuity arrangements were implemented when there was a loss of power to the practice. It resulted in the practice managing patient care and treatment safely by utilising reciprocal arrangements with a neighbouring practice. The document also contained relevant contact details for staff to refer to.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly describe for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

We saw that the GPs took the lead in specialist clinical areas such as paediatrics and end of life care. The practice nursing staff supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed. According to the Health and Social Care Information Centre (HSCIC) data the practice was better than average for the percentage of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination. According to the Quality Outcomes Framework (QOF) data the practice was better than average for establishing and maintaining a register of all patients in need of palliative care/support irrespective of age and establishing and maintaining a register of patients aged 18 or over with learning disabilities.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

The practice demonstrated to us that clinical audits had been undertaken. We saw examples of completed audits around minor surgery which showed an effective response to any possible risk to patient safety.

According to the Health and Social Care Information Centre (HSCIC) quality outcomes framework data, the ratio expected to reported prevalence of Coronary Heart Disease (CHD) was below average.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice had achieved and implemented the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

Effective staffing

We reviewed 10 staff files and staff training records, and had discussions with staff. This demonstrated that all staff were able to access regular training to enable them to develop professionally and meet the needs of patients effectively. New staff were provided with a programme of induction that included training relevant to their role. Initial induction included a welcome to the practice, and health and safety. It also included knowledge of the practice, tasks to be completed, IT/Computer systems, working with external agencies and what patient services were delivered and there was also a period of shadowing for staff. Staff were given protected time for training.

We saw that appraisals that included completion of a personal development plan had taken place. This included identifying development needs, action to be taken, support

Good

Are services effective?

(for example, treatment is effective)

needed to achieve objectives and a timeframe for completion. Staff we spoke with said they being supported to access relevant training that enabled them to confidently and effectively fulfil their role.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. All the GP's had undergone recent clinical appraisals.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, x ray results, and letters from the local hospital including discharge summaries, and out of hours services both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. According to QOF data the practice was rated better than average in having regular (at least three monthly) multidisciplinary meetings where all patients on the palliative register were discussed. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

There was effective communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in meeting their requirements. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice.

The 2015 national GP patient survey indicated 83% of people at the practice said the last GP they saw or spoke to was good at explaining tests and treatments, 84% said the last GP they saw or spoke to was good at involving them in decision making and 94% had confidence and trust in the last GP they saw or spoke to.

Patients we spoke with told us that they were spoken to appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The practice computer system identified those patients who were registered as carers and any other information relating to consent was put onto the system and alerts set up to notify clinicians.

All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

Health promotion and prevention

The practice demonstrated a commitment that ensured their patients had information about a healthy lifestyle.

Good

Are services effective?

(for example, treatment is effective)

This included providing information about services to support them in doing this. There was a range of information available for patients displayed in the waiting area and on notice boards in the reception areas. This included information on travel vaccinations, chaperones, prescriptions and home visits. They also provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice worked proactively to promote health and identify those who require extra support, for example those with long term conditions. There was evidence of appropriate literature and of good outcomes for these areas as demonstrated in the QOF data.

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. Staff we spoke with were knowledgeable about other services and how to access them. The practice nurse team offered appointments cervical smears, smoking cessation and child health surveillance and well-baby clinics

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. If a patient required any vaccinations relating to foreign travel they made an appointment with the practice nurse to discuss the travel arrangements. This included which countries and areas within countries that the patient was visiting to determine what vaccinations were required.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We received 40 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. We noted that the waiting areas was located away from the reception desk which helped keep patient information private. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

We looked at the results of the 2015 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 80% of respondents said the last GP they saw or spoke to at the practice was good at treating them with care and concern. 92% of respondents said the last nurse they saw or spoke to was good at listening to them.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 84% of practice respondents said the GP involved them in care decisions and 83% felt the GP was good at explaining treatment and results.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

The practice used a translation service provided by Pennine Acute Hospital Ethnic Health Team when needed and they arranged for an interpreter to attend the surgery. This worked well however on occasion patients did not attend for their appointment. When the patient did not attend the practice attempted to contact the patient by phone, using the interpreter.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection told us that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to ensure they understood the various avenues of support available to them.

We saw that there was a system for notifying staff about recent patient deaths. Staff told us that this was helpful when speaking to relatives and others who knew the person who had died. We were told that families who had suffered bereavement were called by the GP to offer support and condolences.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Local Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice introduced an improved website and now offered the opportunity of booking a limited number of appointments on line. The website also allowed patients to order repeat prescriptions, cancel appointments and change contact details.

Each patient contact with a clinician was recorded in the patient's record, including consultations, visits and telephone advice. The practice had a system for transferring and acting on information about patients seen by other doctors and the out of hour's service. There was a reliable system to ensure that messages and requests for visits were recorded and that the GP or team member received and acted upon them. The practice had a system in place for dealing with any hospital report or investigation results which identified a responsible health professional and ensured that any necessary action was taken. There was a system to ensure the relevant team members were informed about patients nearing the end of their life. There was also a system to alert the out of hour's service if somebody was nearing the end of their life at home.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The practice provided equality and diversity training for clinical and non-clinical staff. Staff we spoke with confirmed that they had completed the equality and diversity training and that equality and diversity was regularly discussed at staff appraisals and meetings.

The premises and services had been adapted to meet the needs of people with disabilities. There was a ramp at the front of the building for wheelchair use access and also disabled toilet facilities available.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. The practice nurse also undertook home visits if necessary to provide vaccinations to housebound patients.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another doctor if there was a wait to see the doctor of their choice. Comments received from patients showed that those in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

The national GP survey results published in January 2015 showed that 70% of patients said it was easy to get through to the practice to make an appointment. 85% of patients said they found the receptionist helpful once they were able to speak with them. Patients we spoke with told us that they did not have difficulties in contacting the practice to book a routine appointment.

Listening and learning from concerns and complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 40 patients chose to comment. All of the comment cards completed were very complimentary about the service provided.

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures

Good

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(for example, to feedback?)

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.

Patients we spoke with knew how to raise concerns or make a complaint. Information on how to complain was on the practice website and in the practice information leaflet. We looked at complaints received and found they had been satisfactorily handled and dealt with in a timely manner.

Patients were informed about the right to complain further and how to do so, including providing information about relevant external complaints procedures. Patients we spoke with said they would be able to talk to the staff if they were unhappy about any aspect of their treatment. Staff we spoke with told us that not all verbal complaints were recorded if they could be resolved at the time.

Are services well-led?

(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 statement of purpose which was to provide a means for the general public to receive medical consultation, examination, and diagnosis by a GP, practice nurse, and other associated health professionals including, but not limited to, midwifery and phlebotomy at the practice. The practice provided people friendly and person centred care supported by a pleasant workforce. The GPs we spoke with demonstrated an understanding of their area of responsibility and they took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

The practice website and patient forum demonstrated that the practice was interested in the views of their patients and carers and these views were used to consider how the service could be improved. The staff were dedicated to providing a service with patient's needs at the heart of everything they did.

GPs attended locality and Clinical Commissioning Group (CCG) meetings to identify needs within the community and tailored their services accordingly.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice.

There was a clear leadership structure with named members of staff in lead roles such as a GP was the lead for safeguarding children, another for safeguarding vulnerable adults. There was also a lead GP for the over 76s, mental health, joint injections and minor surgery. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at practice education meetings and action plans were produced to maintain or improve outcomes.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or from safety alerts. We looked at several clinical audits and found they were well documented and demonstrated a full audit cycle.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly but would be convened at any time if circumstances demanded. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We also saw evidence of regular clinical and managerial meetings that had an agenda and were minuted. These meetings discussed a variety of clinical matters including out of hours data and A&E attendances. These minutes are disseminated to staff.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We saw that there were staff employment policies in place such as dignity at work, equal opportunities and data protection. We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. Staff we spoke with were aware of the whistleblowing policy and what to do if they were concerned about any matters.

We saw evidence that showed the practice worked with the Clinical Commissioning Group (CCG) to share information, monitor performance and implement new methods of working to meet the needs of local people.

Practice seeks and acts on feedback from its patients, the public and staff

The practice and all staff recognised the importance of obtaining and acting upon the views of patients and those close to them, including carers. A proactive approach was taken to seek a range of feedback.

The practice had a developing patient participation group (PPG) who collected feedback on behalf of the practice. This was in the form of a questionnaire. There were 134 questionnaires completed and were generally favourable about the delivery of services at the practice. The

Are services well-led?

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questionnaire included questions on access to the service, staff and clinical practice. This was supported by an action plan that included such actions as the PPG supporting health promotion events. The PPG included representatives from various population groups. Information was displayed form them in the waiting area of the practice.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to develop through training and mentoring. We saw that annual appraisals took place. Staff told us that the practice was very supportive of training and provided them with eLearning through a system called "blue stream academy". There was also some face to face learning. Training included basic life support, consent, fire safety, chaperoning, anaphylaxis, safeguarding children and vulnerable adults, information governance and equality and diversity.

The practice had completed reviews of significant events and other incidents and shared with staff via email to ensure the practice improved outcomes for patients.