

Caritas General Practice Partnership

Quality Report

Dial House Medical Centre
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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 Caritas General Practice Partnership also known as 'Dial House Medical Centre' on 9 November 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Staff were trained in basic life support and a supply of medicines were available to respond to a medical emergency. Oxygen was available for medical emergencies but the practice did not have a defibrillator (used to attempt to restart a person's heart) on site.
- There were systems in place to reduce risks to patient safety. For example, infection control

practices were good and there were regular checks on the environment and on equipment used. However, the protocol in place for responding to patient safety alerts had not always been implemented appropriately.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians was very positive. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Data showed that outcomes for patients at this practice were comparable to those of patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The appointments system was flexible to accommodate the needs of patients. Urgent

Summary of findings

appointments were available the same day and routine appointments could be booked in advance. An open surgery was provided from 9.30am to 10.30am Monday to Friday. Patients told us this was very much valued.

- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.

Areas where the provider must make improvements are:

- Introduce a system to ensure appropriate action is taken in response to safety alerts.

Areas where the provider should make improvement are:

- Introduce a more robust system for monitoring patients who are prescribed medicines which may have serious side effects.
- Ensure staff who are responsible for providing chaperone duties have undergone all required employment checks and training for the role.
- Record meetings to ensure that important information has been shared as appropriate across the staff team.
- Review and update information provided to patients about the complaints process.

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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had systems, processes and practices in place to keep people safe and safeguarded them from abuse. However some improvements were required; most but not all staff had been trained in safeguarding, not all staff had undergone required checks before carrying out chaperone duties and the system in place for managing safety alerts was not robust.
- Health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The practice had a large and well established staff team. We looked at a sample of staff recruitment records and found that appropriate pre-employment checks had been carried out with the exception of checks for some staff performing chaperone duties.
- Systems for managing medicines were effective overall. However, the system in place for monitoring patients who were taking potentially harmful medicines was not sufficiently robust.
- The practice was equipped with a supply of medicines to support people in a medical emergency. The provider had determined through a risk assessment that a defibrillator was not required on site but they were considering obtaining one.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.

Summary of findings

- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- A care co-ordinator role had been established. This involved proactively contacting patients following discharge from hospital.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided. However, these meetings were not always recorded.
- Clinical audits were carried out to drive improvements in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system for staff appraisal and professional development was in place and staff had undergone an up to date appraisal of their work.

Are services caring?

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Staff gave us examples of how they had gone above and beyond their duties in supporting patients.
- Data from the national patient survey showed that patients rated the practice comparable to and higher than others locally and nationally for aspects of care. For example, having tests and treatments explained to them and for being treated with care and concern.
- The practice maintained a register of patients who were carers in order to tailor the services provided.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG), other GP practices, and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointments system was flexible and responsive to patients' needs. Patients we spoke with said they did not find it difficult to get an appointment. An open surgery was provided and telephone consultations were available outside of this. Patients gave us very positive feedback about the open surgery and told us this was very responsive to their needs. Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice responded quickly to complaints raised and any learning from complaints had been shared. Information about how to complain was available but this required review.

Are services well-led?

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

- The practice had a 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 this.
- There was a clear leadership structure and staff felt supported by management.
- There were systems in place to govern the practice and support the provision of good quality care.
- The practice had policies and procedures to govern activity and regular governance meetings were held.
- The partners encouraged a culture of openness and honesty and they were aware of and complied with the requirements of the duty of candour.
- The practice used feedback from staff and patients to make improvements.
- There was a clear focus on continuous learning, development and improvement linked to outcomes for patients.

Good



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 and treatment to meet the needs of the older people in its population.
- Registers of patients with a range of health conditions (including conditions common in older people) were maintained and these were used to plan reviews of health care and to offer services such as vaccinations for flu.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to those for patients locally and nationally.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included patients having a named GP and a care plan detailing the care and treatment they required.
- Home visits were provided to patients who could not visit the surgery.
- Longer appointments were provided for people with multiple conditions to reduce visits to the practice.
- GPs and practice nurses carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions.
- A care co-ordinator liaised with community services to help co-ordinate patients' care and support following discharge from hospital.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Regular multi-disciplinary meetings were held to discuss the care and treatment provided to patients with complex needs.

People with long term conditions

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

Good



- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision.

Summary of findings

- Patients with a long term condition had a named GP and regular, structured health reviews were carried out for these patients.
- Data from 2015 to 2016 showed that the practice was performing comparably to other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- Newly diagnosed diabetic patients were referred to a six session diabetes educational course. The practice provided insulin initiation for diabetic patients.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Regular clinical meetings were held to review the clinical care and treatment provided and ensure this was in line with best practice guidance.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions were offered a single appointment to avoid multiple visits to the surgery.
- The practice hosted a Macmillan nurse clinic to support patients with a diagnosis of cancer.
- A care co-ordinator contacted patients following discharge from hospital to check if they required any additional services.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.
- A range of information was provided to patients about specific health conditions and about support available locally. A file was located in reception with an A-Z of health information.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- A GP was the designated lead for child protection.
- A regular safeguarding meeting was held with health visitors to discuss child safeguarding concerns.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds.

Good



Summary of findings

- Immunisation rates were comparable to the national average for standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns to relevant professionals.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- Family planning and contraceptive services were provided.
- A number of designated notice boards were provided in the waiting area to differentiate information for women's health and men's health.

Working age people (including those recently retired and students)

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

- The needs of 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.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided extended hours appointments three days per week and an early morning surgery two Saturdays per month.
- An open surgery was provided 9.30 to 10.30 each day Monday to Friday.
- Patients could also access appointments for health screening or chronic disease management at evenings and weekends provided by Stockport CCG's out of hours provider 'Mastercall'.
- The practice provided a range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to national averages.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked with health and social care professionals in the case management of vulnerable people.
- Staff were aware of their responsibilities to report safeguarding concerns for vulnerable adults and how to contact relevant agencies in normal working hours and out of hours.
- The practice was accessible to people who required disabled access and accessible facilities were provided.
- The practice provided open access for patients receiving support from a local alcohol and drug rehabilitation service.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- A regular visit was provided to a care home for people with dementia to provide proactive care.
- Screening was carried out for patients at risk of dementia.
- The practice referred patients to appropriate services such as psychiatry and counselling services.
- The practice worked with multi-disciplinary professionals including in the case management of patients experiencing poor mental health.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations and a designated notice board provided information and advice for patients with mental health concerns.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received scores that were comparable to and higher than practices locally and nationally for patients' experiences of the care and treatment provided and for their interactions with clinicians. The practice scores were comparable to local and national averages for questions about patients' experiences of making an appointment. There were 289 survey forms distributed and 120 were returned which equates to a 41% response rate. The response represents approximately 0.8% of the practice population.

The practice received scores that were comparable to and higher than those of the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs.

For example:

- 94% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 88%.
- 94% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 93% said the last GP they saw gave them enough time (CCG average 90%, national average 86%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 98% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scores were comparable to the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 86% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 78% and a national average of 72%.
- 68% described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 82% were fairly or very satisfied with the surgery's opening hours (CCG average 81%, national average 79%).
- 90% found the receptionists at the surgery helpful (CCG average 88%, national average 86%).

A higher than average percentage of patients, 90%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 88% and a national average of 85%.

We spoke with five patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients. We received 20 comment cards. All of these were positive about the standard of care and treatment patients received. Patient feedback in comment cards described staff as; helpful, lovely, understanding, polite, excellent, efficient and professional. The service was described as; 'an excellent surgery', 'top quality' and 'always good.'

Areas for improvement

Action the service **MUST** take to improve

Introduce a system to ensure appropriate action is taken in response to safety alerts.

Action the service **SHOULD** take to improve

- Introduce a more robust system for monitoring patients who are prescribed medicines which may have serious side effects.

Summary of findings

- Ensure staff who are responsible for providing chaperone duties have undergone all required employment checks and training for the role.
- Record meetings to ensure that important information has been shared as appropriate across the staff team.
- Review and update information provided to patients about the complaints process.

Caritas General Practice Partnership

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 advisor and a practice manager specialist advisor.

Background to Caritas General Practice Partnership

Caritas General Practice Partnership also known as 'Dial House Medical Centre' is located in Stockport, Greater Manchester. The practice also has a branch surgery 'Ellesmere Medical Centre' located at: 262 Stockport Road, Cheadle Heath, Stockport SK3 0RQ. The practice was providing a service to approximately 13,330 patients at the time of our inspection.

The practice is part of Stockport Clinical Commissioning Group (CCG). The practice is situated in an area with lower than average levels of deprivation when compared to other practices nationally. The percent of the patient population with a long standing health condition is 49% which is lower than the nation average of 54%.

The practice is run by six GP partners. There are an additional four salaried GPs (two male and eight female). There are four practice nurses, four health care assistants, a practice manager and a team of reception/administration staff.

The practice is open at the main location from 8am to 6.30pm on Mondays, Tuesdays and Fridays and from 7am

to 6.30pm on Wednesdays and Thursdays. The branch surgery is open from 8am to 6.30pm Mondays, Thursdays and Fridays and 7am to 6.30pm on Tuesdays and Wednesdays. The practice is open two Saturdays per month from 8am to 11am. When the surgery is closed patients are directed to the GP out of hours service provider 'Mastercall' by contacting NHS 111.

The practice is a training practice for trainee GPs and also hosts medical students.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. An open surgery is also available and any patient who attends between 9.30am and 10.30am will be seen by one of three GPs. The practice treats patients of all ages and provides a range of primary medical services.

The practice provides a range of enhanced services, for example: extended hours, childhood immunisations, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a health care assistant, the practice manager, care co-ordinator and reception and administrative staff.
- Spoke with patients who used the service.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Explored how the GPs made clinical decisions.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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 a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out a thorough analysis of significant events. We were told that significant events were discussed at practice meetings and we were assured that learning from significant events had been disseminated and implemented into practice. A formal record of meetings was not maintained including those where we were informed significant events were discussed.

The system in place for responding to patient safety alerts was not sufficiently robust to ensure alerts were being acted on appropriately. We saw an example of a patient safety alert made earlier this year which had not been acted upon. The information had been shared but there had been no action taken to run a search for potentially affected patients and to implement the advised guidance. The provider took action to record this as a significant event during inspection and agreed to review previous alerts to ensure they had been actioned.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguard them from abuse. However, some of these required improvement. For example;

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. GPs were designated as leads for child or adult protection at each site. The GPs provided reports for case conferences as requested. A small number of staff had not received safeguarding training the practice manager told us this was planned. During

discussions with staff they demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised safeguarding concerns.

- Notices advised patients that staff were available to act as chaperones if required. (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). Not all staff who acted as chaperones had undergone training for this role or had a Disclosure and Barring Service check (DBS) check in place. These 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. There was an infection control protocol in place and staff had received up to date training. A practice nurse was the infection control lead. They were responsible for liaising with the local infection prevention team and they were involved in infection control audits. Improvements had been made, or had been scheduled for completion, in response to the findings of the most recent audit.
- The arrangements for managing medicines, including vaccinations were safe on the whole but improvements were required in the monitoring patients who were prescribed a range of high risk medicines. The system in place to monitor these patients was not sufficiently robust. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant had been trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice worked with the Clinical Commissioning Group to identify improvements in prescribing. Medicines prescribing data for the practice was comparable to national prescribing data. A system was in place to account for prescriptions and they were stored securely.
- We reviewed a sample of staff personnel files in order to assess staff recruitment practices. Our findings showed that on the whole appropriate recruitment checks had been undertaken prior to employment. For example, references, proof of qualifications, proof of registration

Are services safe?

with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). However, not all staff had undergone a DBS check in line with their duties to chaperone. The registration of staff with professional bodies was checked upon employment. However, there was no system in place to monitor their continued registration. Confirmation that this had been introduced was sent to us following the inspection.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a range of health and safety related policies and procedures that were readily available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety checks and fire drills were carried out and electrical equipment and clinical equipment was checked to ensure it was working properly.
- 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 of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. These included:

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- A supply of emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use.
- A supply of oxygen was available on the premises with adult and children's masks.
- The practice did not have a defibrillator to support patients in a cardiac arrest emergency. The provider had determined through a risk assessment that a defibrillator was not required on site but they were considering obtaining one.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

The GPs met daily on an informal basis and discussed the care and treatment needs of patients. Regular clinical meetings were also held but there was no record maintained of these meetings.

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 in October 2016 (for the period April 2015 – March 2016) showed the practice had achieved 97% of the points available which was similar to the previous years figure of 98%. Exception reporting was 5% (reporting for the number of patients excluded from the results). Data from April 2014 to March 2015 showed performance in outcomes for patients was comparable to those of the Clinical Commissioning Group (CCG) and national averages. For example,

- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 75%, compared to a CCG average of 80% and a national average of 77%.

- The percentage of patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 80% (CCG average 84%, national average 80%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 84% (CCG average 90%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 83% (CCG average 84%, national average 83%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% (CCG average 87%, national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 90% (CCG average 90%, national average of 88%).

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. One recent audit looked at how many male patients with a diagnosis of prostate cancer had undergone a prostate specific antigen (PSA) test (PSA is a protein produced by the cells of the prostate gland) in the previous 12 months. The second cycle of the audit showed an increase in patients having undergone the test. Other recent audits included; a two cycle audit of orthopaedic referrals to check on the appropriateness of the referrals to secondary care; an audit of A&E attendances and review of avoidable attendance; the clinical appropriateness of D Dimer blood tests (used to check for blood clotting); and infection rates in minor surgery (joint injections).

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multidisciplinary meetings were held on a regular

Are services effective?

(for example, treatment is effective)

basis. The needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic, electrocardiogram (ECG) tests, 24 hour blood pressure monitoring, spirometry and insulin initiation.

Effective staffing

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

- An induction programme was provided to newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs.
- Staff had been provided with training in core topics including; fire safety, basic life support, information governance awareness, equality and diversity and conflict resolution. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme. Staff told us they were given protected time to attend regular training events provided by Stockport CCG.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development. The majority of staff had undergone an appraisal within the past 12 months.

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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available.

The practice reviewed hospital admissions data on a regular basis. The practice shared relevant information with other services in a timely way, for example when referring people to other services. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up. We did note that routine referrals were made by one member of staff and this work was not covered in their absence. The practice manager agreed to review this arrangement.

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 people moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary meetings took place on a regular basis and the care and treatment plans for patients with complex needs were reviewed at these.

A member of staff was designated as a 'care co-ordinator'. Their role was to contact patients following discharge from hospital to ensure they had the support they required.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions and shared information as appropriate with the out of hours service and with secondary care services.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All clinical staff had undertaken training in the Mental capacity Act.
- When providing care and treatment for children and young people, staff were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. This included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. Information from the QOF for the period of April 2015 to March 2016 showed outcomes relating to health promotion and ill health prevention were comparable to other practices. For example, the percentage of women aged 25-64 whose

notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 82% which was comparable to the national average of 81%.

- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening uptake was comparable to the national average.
- Childhood immunisation rates for the vaccinations given were comparable to national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the website. Patients were referred to or signposted to health promotion services such as dietician or alcohol support services. A regular smoking cessation clinic was provided in house.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- A file was located in the waiting area that included an A-Z of health information.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 20 comment cards we received were positive and complimentary about the caring nature of the service provided. Patient feedback in comment cards described staff as; helpful, lovely, understanding, polite, excellent, efficient and professional. The service was described as; 'an excellent surgery', 'top quality' and 'always good. We also spoke with five patients who were attending the practice at the time of our inspection. They gave us very positive feedback about the caring nature of staff in all roles.

During our discussions with staff they showed a patient centred approach and they gave examples of how they had gone above and beyond their duties in supporting patients. There was a clear ethos on providing a holistic approach to people's care and treatment.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice scores were comparable to or higher than Clinical Commissioning Group (CCG) and national average scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 93% of respondents said the last GP they saw gave them enough time compared to a CCG average of 90% and a national average 86%.

- 95% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%).
- 89% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 88 %, national average 85%).
- 92% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 93%, national average 90%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 98% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored higher than local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 90% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 88% and a national average of 86%.
- 90% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 88%, national average 85%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice scores were similar to and higher than local and national averages for patient satisfaction in these areas. For example:

- 94% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 91% and a national average of 88%.
- 94% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).

Are services caring?

- 92% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 92% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).
- 86% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 85%, national average of 81%).
- 90% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 88%, national average of 85%).

Staff told us that a translation service was available for patients who did not use English as their first language.

Patient and carer support to cope emotionally with care and treatment

Information about how patients could access a number of support groups and organisations was available at the practice. Notice boards had been provided to draw patients' attention to different areas of health such as women's health, men's health and mental health.

The practice maintained a register of carers and at the time of the inspection there were 165 carers on the register. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu vaccinations and health checks. Written information was available to direct carers to the various avenues of support available to them. The practice hosted a meeting for carers earlier in the year and they invited voluntary organisations into this.

Patients receiving end of life care were signposted to support services. Staff told us that if families had suffered bereavement, their usual GP contacted them offering condolences and support.

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. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical conditions that require same day consultation.
- The practice offered extended hours for working patients who could not attend during normal opening hours including early morning and Saturday surgeries.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open at the main location from 8am to 6.30pm on Mondays, Tuesdays and Fridays and from 7am to 6.30pm on Wednesdays and Thursdays. The branch surgery was open from 8am to 6.30pm Mondays, Thursdays and Fridays and 7am to 6.30pm on Tuesdays and Wednesdays. The practice was open two Saturdays per month 8am to 11am.

The appointment system was well managed and sufficiently flexible to respond to patients' needs. People told us on the day that they were able to get appointments when they needed them. An open surgery was provided

9.30 to 10.30 each day Monday to Friday and patients told us this was very convenient as they knew they would always be seen if they attended the practice during this time.

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. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 86% compared to a CCG average of 78% and a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 82% (CCG average 81%, national average of 79%).
- 80% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 80%, national average 75%).
- 68% of patients described their experience of making an appointment as good (CCG average 77%, national average 73%).

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. The assessments were carried out by a GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice was located in a converted former residential building. The premises were accessible and facilities for people who were physically disabled were provided.

Listening and learning from concerns and complaints.

The practice had a system for handling complaints and a designated member of staff had a lead role in managing complaints. A notice was in the reception area advising patients they could raise any concerns or complaints directly with the practice. The way in which the practice informed patients about the complaints process required review to ensure patients were provided with an appropriate level of detail about their options for making a

Are services responsive to people's needs?

(for example, to feedback?)

complaint and for referring complaints on to the Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint.

We looked at a sample of complaints received in the last 12 months and found that these had been investigated and

responded to in a timely manner and patients had been provided with an explanation and an apology when this was appropriate. We found that lessons had been learnt from concerns and complaints and action had been taken to improve patients' experience of the service.

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 statement of purpose which outlined its aims and objectives. These included;

to provide high quality, safe and effective personal medical services; to monitor, audit and continually improve the healthcare services provided; to provide a partnership between patient and health profession which ensures mutual respect; to provide holistic care; to ensure continuous learning and training; the use of effective evidence based practice and the development of an effective workforce. Staff we spoke with demonstrated that they supported the aims and objectives and the values linked to these and they demonstrated a patient centred approach to their work.

The GP partners had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

Arrangements were in place to govern the service and ensure good outcomes were provided for patients.

- Overall there were effective arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks. Some systems needed development, for example, the management of safety alerts and medicines monitoring of patients on high risk medicines.
- The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised

annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

- Regular meetings were held as part of the quality improvement process to improve the service and patient care. However, these were not recorded. The provider had acknowledge this and told us they would address it.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership and culture

The practice had a well-established and stable leadership team. On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to them.

The partners encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of training linked to their roles and responsibilities. Staff described good team work and high staff moral.

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

Are services well-led?

Good 

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

The feedback we received from patients about staff in all roles was very positive and patients told us they felt staff provided a high quality service.

The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for 2016 showed that the majority of patients were either extremely likely or likely to recommend the practice.

The practice used information from events, concerns and complaints to make improvements to the service.

Staff were involved in discussions about how to develop the service and were encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs and being involved in local schemes to improve outcomes for patients. Future developments include increased neighbourhood/locality working and further development of the premises.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12: Safe care and treatment The system in place for managing patient safety alerts was not sufficiently robust to ensure alerts had been acted upon appropriately. Regulation 12 (2) (a)(b)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	