

# Stonefield Street Surgery

## Quality Report

Stonefield Street

Milnrow

Rochdale

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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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



# 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 Stonefield Street Surgery on 13 January 2016. Overall the practice is rated as outstanding.

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. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice had worked with a neighbouring practice and Public Health to hold a "Health Summit" for men over the age of 50.
- Data showed patient outcomes were above those locally and nationally.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Following patient feedback the practice had made improvements to the building to improve accessibility.
- Information about how to complain was available and easy to understand.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice including:

- The practice had reduced its unnecessary hospital admissions, for patients with a care plan, by 14% by extending the National Proactive Care programme.
- One of the GPs had trained and worked closely with a drug liaison worker and all drug users had been actively screened and vaccinated against all relevant, infectious diseases.
- The practice took part in a pilot with the local Memory clinic to streamline the referral process so that all investigations and discussions were held ahead of referral. This is now used as a pathway for all referrals within the Heywood, Middleton and Rochdale area.
- The practice placed the needs of its patients at the centre of its operation. The practice constantly listened to its patients and responded in a timely way to improve the service. Most recently this had led to them increasing appointments in the afternoon and the number of telephone lines each morning.
- The practice were innovative and engaged effectively with local community groups and services to seek service improvement.
- The practice had a clear vision which was owned by all the staff team.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. The practice carried out a recent risk assessment in infection control.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Front line staff were aware of vulnerable patients and escalated any issues to the GP where they were concerned.
- Risks to patients were assessed and well managed.
- All new staff received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The GPs took part in peer reviews to ensure best and safe working practice.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Monthly meetings were held between all clinicians where updates were discussed.

- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. For example one GP and one nurse had trained and were able to initiate insulin for the practices'

# Summary of findings

diabetic patients. This resulted in the practice being placed in the top quarter of practices in the CCG offering diabetes care. 96.39% of diabetic patients had a record of having had a foot examination and risk classification within the preceding twelve months compared to the CCG average of 88.9% and national average of 88.3%.

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. One of the GPs worked closely with a drug liaison support worker ensuring that these patients were well controlled and that they had all been actively screened and vaccinated against relevant, infectious diseases. The patients were all reviewed by the GP every 3 months.
- The practice had extended the national Proactive Care Programme and 5.6% of patients had an agreed care plan developed jointly with patients and carers.
- The practice recently held a joint “Health Summit” with a neighbouring practice and Public Health to which men over the age of 50 were invited. Lifestyle advice and screening was offered. This was attended by several of the practices’ hard to reach people.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients’ needs.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example 83% of people describe their experience of making an appointment as good compared to the CCG average of 67%. 93% of people describe their overall experience of the surgery as good compared to the CCG average of 83% and 88% of people would recommend this surgery to someone new to the area compared to the CCG average of 72%.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The patient participation group was representative of its population and included at least one carer and one person with mental health issues.

**Outstanding**



# Summary of findings

- We found a strong patient-centred culture. We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Bereaved families were contacted by the practice and the GP most familiar to the family offered support as needed.
- Views of external stakeholders were very positive and aligned with our findings. Positive feedback regarding care plans from the North West Ambulance Service was evidenced during the inspection.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the recent "Health Summit" where men over the age of 50 were offered lifestyle advice and screening.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example the telephone lines were increased to four in a morning, more appointments were made available after 4pm and a self arrival screen was installed in the reception area.
- Patients could access appointments and services in a way and at a time that suited them. For example, online, fax and automated telephone request for prescriptions, electronic prescribing where people could nominate a pharmacy and collect their prescription direct.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had offered Mindfulness to all staff which is a relaxation therapy. The practice nurses were also trained in this technique and were planning to offer the therapy to patients.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

**Outstanding**



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had a mission statement “Our Vision” which was agreed and written by GPs and all staff. Posters were placed throughout the surgery for staff and patients.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a clear leadership structure and staff felt very supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- Staff development was actively encouraged and supported with some staff adding to, or changing from an administration role to clinical roles such as a phlebotomist and Health Care Assistant.
- The practice gathered feedback from patients using new technology, and it had a very active patient participation group which influenced practice development. The practice used an Elephant Kiosk for patient comments and a meeting was planned with Rochdale Young Advisors on developing an app that will encourage young people to make better use of primary care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and attended flu clinics to carry out the practice patient survey.
- There was a strong focus on continuous learning and improvement at all levels.

**Outstanding**



# 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 outstanding for the care of older people.

- The practice took part in a pilot with the local Memory clinic to streamline the referral process so that all investigations and discussions were held ahead of referral. This is now used as a pathway for all referrals within the Heywood, Middleton and Rochdale area.
- All people over the age of 75 were offered proactive, personalised care plans to meet the needs of this population group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 83.38% of people aged 65 and over had received a flu vaccination compared to the national average of 73.24%.
- The practice carried out regular medication reviews and worked with their pharmacy technician to ensure safe and evidence based prescribing.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.

Outstanding



### People with long term conditions

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

- Each clinical area had a lead GP and nurse who had additional skills and knowledge in those areas of clinical practice and patients at risk of hospital admission were identified as a priority.
- Personalised care plans were offered to those with long term conditions where people were encouraged to self manage through joint development of these plans with each person.
- The practice had extended the National Proactive Care Programme and 5.6% of patients had an agreed care plan developed jointly with patients and carers. This resulted in a reduction of unnecessary admissions to hospital by 14%.
- One GP and one nurse in the practice had trained and were able to initiate insulin to its diabetic patients. This resulted in the practice being placed in the top quarter of practices in the

Outstanding





# Summary of findings

CCG offering diabetes care. 96.39% of diabetic patients had a record of having had a foot examination and risk classification within the preceding twelve months compared to the CCG average of 88.99% and the national average of 88.3%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with asthma had a personal asthma action plan showing contact details of who to contact when the surgery was closed. 70.9% of people diagnosed with asthma had a review in the preceding twelve months which is the same as the CCG average at 70.8%. The practice used agreed, uniform READ coding and ran recall systems to ensure active follow up for patients with long term conditions.
- People that had been newly diagnosed with cancer were contacted by the GP and offered support if needed.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 80.96% of women aged 25-64 had their notes recorded as having a cervical screening test performed in the preceding 5 years which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children under the age of 12 were offered an appointment on the same day.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Pre pregnancy screening and advice was offered particularly to those with diabetes and epilepsy.
- The practice offered support in the home for children, where possible with acute illness.

**Outstanding**



# Summary of findings

- Appointments were available for contraceptive services including coil fitting and sub dermal implants.
- The practice welcomed breast feeding mothers.

## Working age people (including those recently retired and students)

The practice is rated as outstanding 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.
- Appointments were offered from 7.30am on Tuesday mornings and until 8pm on Thursday evenings. Telephone consultations were available for those who could not attend the surgery.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included electronic prescribing where a person can nominate a pharmacy and collect their repeat prescriptions direct.
- Blood tests were offered until 4pm due to a later blood collection service.
- The practice joined with a neighbouring practice and Public Health to hold a “Health Summit” inviting their male patients over the age of 50 for lifestyle advice and screening. It was attended by several of the practices’ hard to reach patients.

Outstanding



## People whose circumstances may make them vulnerable

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

- The practice held a register of people living in vulnerable circumstances including those with a learning disability, drug users, military veterans and housebound patients.
- The practice offered longer appointments for people who were vulnerable and needed them.
- The practice offered annual reviews to those with learning difficulties.
- The practice actively encouraged the uptake of national screening programmes for those in vulnerable groups through proactive follow up where they had failed to respond to invites.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable people about how to access various support groups and voluntary organisations.

Outstanding



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice worked with the local police service where it was concerned that welfare visits may have been necessary. There was a named social worker who liaised with the practice for any concerns and best practice meetings.
- The practice had a guide dog policy and used the services of interpreters including signing.
- One of the GPs had trained and worked closely with a drug liaison worker and all drug users had been actively screened and vaccinated against all relevant, infectious diseases.

## People experiencing poor mental health (including people with dementia)

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

- The practice took part in a pilot with the local Memory clinic to streamline the referral process so that all investigations and discussions were held ahead of referral. This is now used as a pathway for all referrals within the Heywood, Middleton and Rochdale area.
- 95% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which is higher than the CCG average of 82.6% and national average of 84%.
- 98.15% of people with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months was higher than the CCG average of 88.9% and national average of 88.47%.
- The practice had an agreed practice formulary for the prescribing of anti-depressants and they worked closely with the psychological therapy services to support patients with depression.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Outstanding



## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice actively checked the physical health of those with mental health problems offering health reviews and appropriate immunisations.
- The practice had links with the Dementia Wellbeing Café and actively referred to the local Alzheimer's support worker.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with or better than local and national averages. 299 survey forms were distributed and 114 were returned which is a response rate of 38.1% and represented 1.3% of the practice population.

- 76.9% of patients found it easy to get through to this surgery by phone compared to the CCG average of 61% and national average of 73.3%.
- 86.9% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 85.2%.
- 92.5% of patients described their overall experience of their GP surgery as fairly good or very good compared to the CCG average of 82.2% and national average of 84.8%.

- 91.8% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 72.6% and national average of 77.5%.

We spoke with eight patients and four members of the Patient Participation Group (PPG) during the inspection. All eight patients and the PPG members said they were happy with the care they received and thought staff were approachable, committed and caring. The PPG group members told us the practice listened and responded to suggestions and issues raised.

Comments we received included “the practice has a good standing in the community” and “excellent practice”

# Stonefield Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Stonefield Street Surgery

Stonefield Street Surgery provides primary medical services in Milnrow near Rochdale from Monday to Friday. The practice is open between 7.30am and 6pm. The first appointment of the day with a GP is 8am and the last appointment with a GP is 5.50pm. Extended hours are offered on Tuesday mornings from 7.30am and Thursday evenings until 8pm. Same day urgent appointments are available each day.

Stonefield Street Surgery is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG).

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

Stonefield Street Surgery is responsible for providing care to 8627 patients.

The practice consists of six GP partners three of whom are female and one salaried female GP, one nurse practitioner, three practice nurses and one health care assistant. The

practice is supported by a practice manager and deputy, administration team, secretary and receptionists. It is a teaching practice with two medical students attending each week.

When the practice is closed patients are directed to the out of hour's service.

The practice had obtained Level 3 in the Primary Care Standards Programme, which is a local programme supported by the CCG.

Patients had nominated staff for the STAR (Special Thanks and Recognition Award) which is a CCG award.

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

## How we carried out this inspection

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

# Detailed findings

- Spoke with a range of staff including GPs, practice manager, practice nurse and members of the administration and reception teams and with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and all staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were fail safe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the



## Are services safe?

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

· All staff received annual basic life support training and there were emergency medicines available.

· The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

· Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

· The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

· The practice had recently held a full fire evacuation and produced a report showing what had gone well and where it could have been improved.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 6.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was a high achiever of QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the national average. For example 96.39% of patients had a foot examination and risk classification in the preceding 12 months compared to the national average of 88.3%.
- One GP and one nurse in the practice had trained and were able to initiate insulin to its diabetic patients. This resulted in the practice being placed in the top quarter of practices in the CCG offering diabetes care.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average.
- Performance for mental health related indicators was better than national average. For example 98.15% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care

plan documented in the record in the preceding 12 months compared to the national average of 88.47%, and 95% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which is higher than the CCG average of 82.6% and national average of 84%.

- One of the GPs had trained and worked closely with a drug liaison worker and all drug users had been actively screened and vaccinated against all relevant, infectious diseases.
- People that had been newly diagnosed with cancer were contacted by the GP and offered support if needed.

Clinical audits demonstrated quality improvement.

- There had been 6 clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the drug worker and GPs starting a reduction regime for people on long term benzodiazepines.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Staff were supported and were able to take the opportunity to change role within the practice such as training to work as a phlebotomist and Health Care Assistant.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and drug users. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the practice.
- The practice had extended the national Proactive Care Programme and 5.6% of patients have an agreed care plan developed with the patients and carers. This has resulted in a 14% reduction in unnecessary admissions to hospital in this group.

The practice's uptake for the cervical screening programme was 80.96%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for abdominal aortic aneurysm, bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds and under ranged from 95.6% to 98.9% and five year olds from 97.09% to 99.18%.

Flu vaccination rates for the over 65s were 83.38% which was better than the national average of 73.24%. The at risk groups were 63.51% which were above the national average of 61.32%.



## Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told that staff responded compassionately when they needed help and provided support when required.

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

- 92.7% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 88.6%.
- 93.1% of patients said the GP gave them enough time compared to the CCG average of 87% and national average of 86.6%.
- 97.8% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95.2% and national average of 95.2%.
- 96.2% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.4% and national average of 85.1%.

- 94.1% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.5% and national average of 90.4%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85.1% and national average of 86.8%.

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

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

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

- 92.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.6% and the national average of 86%.
- 89.8% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 81.7% and the national average of 81.4%.
- 89.3% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86.1% and the national average of 84.8%.

The practice placed importance of seeking and receiving feedback about its services. They constantly implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients and from the patient participation group. For example telephone lines were increased to four in a morning, more appointments were made available after 4pm and a self arrival screen was installed in the reception area. Staff told us that translation services were available for patients who did not have English as a first language this service also included for signing. We saw notices in the reception areas informing patients this service was available.



## Are services caring?

- All people over the age of 75 were offered proactive, personalised care plans to meet the needs of this population group.
- The practice carried out advance care planning for patients with dementia.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice

list as carers. The practice had a designated carers advocate who would make sure that written information was available to direct carers to the various avenues of support available to them. Carers needs were discussed in Multi Disciplinary Team meetings where extra support would be given where the carer was found to be in need.

Staff told us that if families had suffered bereavement, their usual GP contacted them, this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours from 7.30 on Tuesday mornings and until 8pm on Thursday evenings for working patients who could not attend during normal opening hours.
- Patients could access appointments and services in a way and at a time that suited them. For example, online, fax and automated telephone request for prescriptions, electronic prescribing where people could nominate a pharmacy and collect their prescription direct. There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children under 12 years and for those patients with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed an automatic door front entrance and improved patient accessibility to the toilet.
- The practice were working with Rochdale Young Advisors in developing an app that will encourage young people to make better use of primary care services.
- The practice worked with the local police service where it was concerned that welfare visits may have been necessary.
- Blood tests were offered all day as the practice had negotiated a later blood collection service.
- The practice took part in a pilot with the local Memory clinic to streamline the referral process so that all investigations and discussions were held ahead of referral. This is now used as a pathway for all referrals within the Heywood, Middleton and Rochdale area.

- The practice had links with the Dementia Wellbeing Café and actively referred to the local Alzheimer's support worker.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the recent "Health Summit" where men over the age of 50 were offered lifestyle advice and screening.
- The practice had offered Mindfulness to all staff which is a relaxation therapy. The practice nurses were also trained in this technique and were planning to offer the therapy to patients.

### Access to the service

The practice was open between 7.30am and 6pm Monday to Friday. Appointments were from 8am to 5.50pm daily. Extended surgery hours were offered from 7.30am on Tuesday mornings and until 8pm on Thursday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 75%.
- 76.9% of patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and the national average of 73.3%.
- 68.7% of patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 57.1% and the national average of 60%.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.



## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system through posters in the waiting area.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency.



# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement “Our Vision” which had been developed and written by the GPS alongside staff and was displayed throughout the surgery including the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There was a plan in place documenting known retirement dates and reduction of hours of GPs and staff showing the process they intended to follow.
- The practice received positive feedback from the student doctors in its report from the Manchester Deanery.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- The practice were engaged with the CCG. One of the partners was a member of the governing body and the monthly locality meetings were attended by one of the GPs and the practice manager.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and very well supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

• The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and carried out patient surveys, they attended the flu clinics and obtained over 600 completed survey forms from patients during the flu campaign for 2014/15. They submitted proposals for improvements to the practice management team which were acted upon. For example, a new self arrival screen was installed in the waiting area, a bicycle rack was fitted outside the main entrance, automatic doors were fitted at the front entrance and the toilets were improved to ensure accessibility. More

# Are services well-led?

Outstanding



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

telephone lines and appointments after 4pm were introduced to improve patient access to the practice. The PPG had its own notice board and suggestion box, in the waiting area which it updated monthly.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run for example they were involved in writing the mission statement “Our Vision” for the practice.

## Continuous improvement

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

The practice were working with BARDOC, the local out of hours service, on a project where the Summary Care Record includes the patients’ care plan including details of

DNACPR and clinical data. It is planned that the local acute trust and North West Ambulance Service will be involved. The aim of the project is to reduce inappropriate admissions to hospital.

A meeting is planned with Rochdale Young Advisors in developing an app that will encourage young people to make better use of primary care services.

They are working on a project aiming to improve Advance Care Planning in both cancer and non cancer patients.

They plan to review patients on anti-psychotic medication to ensure they have an ECG and renal function tests performed.

They plan to expand the use of the Elephant Kiosk in offering information about the practice to patients.

The practice are looking for support in either a new build or extending the current premises so that they can expand their training programme to include Foundation Year doctors and to include nurse training.