

# Dr Woodock & Partners, Ribblesdale Medical Practices

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Woodcock and Partners on 26 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care, and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal 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.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs 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.
- There was a strong focus on continuous learning and improvement at all levels.

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 people with long-term conditions.

Good



- All patients over 75 years of age have a named GP of their choice.
- The building is accessible for patients with mobility problems.
- Influenza, pneumococcal and shingles vaccination clinics were available to patients over 65 years of age.
- Home visits were provided for housebound patients.
- As a part of the Avoiding Unplanned Admissions Scheme, elderly patients were identified if they are at risk of hospital admission, and admission avoidance strategies, such as care planning were implemented.
- All patients in care homes and with a diagnosis of dementia were offered a care plan.
- The practice staff and practice support pharmacist worked closely with older patients to support them in managing their medication.
- Regular and opportunistic multidisciplinary palliative care meetings were held to ensure coordinated and responsive care for patients nearing the end of their life.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured annual review to check their health and medicine needs were being met.
- The practice had a robust recall system for patients living with long term conditions.
- When possible, patients with multiple long term conditions were offered one appointment which allowed all of the necessary reviews to be completed at once.

# Summary of findings

- Where patients were identified as at risk of hospital admission, admission avoidance strategies such as care planning and rescue medication were implemented to support the patient with the management of their illness.

## Families, children and young people

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

- Immunisation rates were high for all standard childhood immunisations on comparison to national averages.
- 74.69% of patients with asthma, on the practice register, have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. The national average is 75.35%.
- 78.92% of women aged 25-64 had a cervical screening test performed in the preceding 5 years. The national average is 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked collaboratively with community based services that supported children and families such as midwives, health visitors and school nurses.
- Weekly child health surveillance clinics were held at the practice along with immunisation clinics.
- All patients aged 12 years and under were offered a same day appointment to see a clinician if this was requested.
- General contraception and family planning advice was provided and along with a specialist family planning clinic for the insertion/removal of contraceptive implants and intrauterine contraceptive devices.
- A travel immunisation clinic was available.
- The practice provided a daily nurse practitioner led telephone triage service, which allowed the opportunity for a call-back service rather than a visit to the surgery.
- The practice offered an extended service at the weekend.

Good



## 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.

Good



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided a daily nurse practitioner led telephone triage service, which allowed the opportunity for a call-back service rather than a visit to the surgery.
- The practice offered an extended service at the weekend.
- The practice provided NHS health checks and follow-up appointments for those patients identified at high risk of cardiovascular disease.
- Patients could order repeat medication and book appointments on line.
- The practice promoted and welcomed registrations from patients who lived outside practice catchment area and who may work in the vicinity of the practice, improving access to primary care services.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability. These patients were invited for annual health checks with longer appointments at the start or end of the day if this met their needs and prevented unnecessary distress and anxiety.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had been given the Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender Foundation. This new initiative acknowledged the standard of service provided in lesbian, gay and bisexual healthcare. Training had been provided for staff in this area.
- The practice had a designated safeguarding lead for both children and adults, and all staff were fully aware of safeguarding procedures.
- The staff supported patients who were vulnerable by signposting them to support services, for example, carers groups.

Good



# Summary of findings

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

Good



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

- 83.95% of patients diagnosed with dementia have had their care reviewed in a face to face meeting in the last 12 months. This is comparable to the national average of 84.01%.
- 84.29% of patients with schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive, agreed care plan documented in their record in the preceding 12 months. This is comparable to the national average of 88.47%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice provided patients and their carers with information about community support groups.
- The practice had a system in place to follow-up patients who had attended A & E when they may have experiencing poor mental health.
- Staff were trained on how to support patients with mental health needs and dementia.
- Home visits are provided to housebound patients and those in residential homes, ensuring they receive the same necessary health checks.
- The practice has a mental health register and patients are invited for annual health checks.
- There is a named GP who leads on the assessment and management of dementia.



# 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 local and national averages. 281 survey forms were distributed and 118 were returned. This represented 2.3% of the practice's patient list. The survey results indicated the following:

- 95.9% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68.2% and a national average of 73.3%.
- 92.8% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.7%, national average 85.2%)
- 98.5% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 85.1% national average 84.8%)
- 93.5% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77.4%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients before the inspection.

We received 16 comment cards which all contained positive comments about the standard of service provided. Patients commented they received an excellent service. They described the reception staff as helpful and polite and the GPs and nurses as caring and approachable. They said they felt listened to and were always treated with respect. A number of patients commented they felt well cared for.

We carried out seven patient telephone interviews after the inspection. All of the patients we spoke with said they were very happy with the service they received, which they described as excellent and very good. They told us they found the reception staff helpful and polite and the GPs and nurses very caring and attentive. Patients commented they had enough time during their consultation to discuss their health care issues and were always treated with dignity and respect. Patients told us they found it easy to get an appointment but not always with a GP of their choice. Patients knew who to contact if they wanted to make a complaint.

# Dr Woodcock & Partners, Ribblesdale Medical Practices

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Dr Woodcock & Partners, Ribblesdale Medical Practices

Changes are currently being made to the registration of this service. The practice is known locally as Dr Britton and Partners but remains under the name of Dr Woodcock and Partners with the CQC until the registration process has been formally completed.

Dr Woodcock and Partners practice is located in Bury, Greater Manchester. The practice is located in a large health centre which also houses other GP practices and health care services such as a pharmacy, health visitors and an optician. There is easy access to the building and disabled facilities are provided. There is fee paying parking next to the practice and a main bus and tram station close by.

There are five GPs working at the practice. Two female GPs (one senior partner and one partner) and two male GPs (one partner and one salaried GP). A regular locum GP works at the practice approximately seven sessions per week. There are two practice nurses, (one full time and one

part time), a part time nurse practitioner and a full time health care assistant. All of these staff are female. There is a full time practice manager and a team of administrative staff.

The practice is open Monday to Friday from 8.00am to 6.30pm.

The practice appointment times are:

Monday: 8.30am to 5.50pm

Tuesday: 8.30am to 12.30pm and 2.30pm to 5.30pm

Wednesday: 8.30am to 2.00pm and 3.30pm to 5.40pm

Thursday: 8.30am to 12.30pm and 2.00pm to 5.30pm

Friday: 8.30am to 12.30pm and 2.00pm to 5.30pm

Extended hours are provided from 8.00am to 6.00pm each weekend and bank holiday. These appointment times are held at the practice and provided by a variety of GPs. The service is shared with other GP practices from the local area.

There are 7747 patients on the practice list. The majority of patients are white British with a smaller amount of patients from a black and minority ethnic background.

## 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

# Detailed findings

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 26 January 2016. During our visit we:

- Spoke with a range of staff including two GPs, the practice manager, a practice nurse, a nurse practitioner, a health care assistant and two members of the reception staff.
- Spoke with patients who used the service.
- Reviewed the practice policies and procedures.
- Reviewed comment cards where patients 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 computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports 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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies, which were available to staff, outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding 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. Generally only clinical staff were used as chaperones, although administrative staff were used for this purpose if they were unavailable. All staff who acted as chaperones were trained for the role and most 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 manager was in the process of addressing the outstanding DBS checks.

- 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 of this.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine audits, with the support of the local Clinical Commissioning Group 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. The practice nurse and the nurse practitioner were qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four staff 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 DBS.
- A record was in place about staff Hepatitis B and immunisation status, but didn't include locum GPs. The practice manager was in the process of addressing this matter.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.5% of the total number of points available, with 6% 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 not an outlier for any QOF (or other national clinical targets). Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- Performance for mental health related indicators was similar to the national average.

Clinical audits demonstrated quality improvement. There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

### 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, confidentiality and patient care.
- The practice demonstrated 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 training to meet their learning needs and to cover the scope of their work. This included ongoing support during appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had completed 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, in-house training and training provided by an external provider.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and

# Are services effective?

(for example, treatment is effective)

treatment. This included when patients were referred for other treatments, 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance. The lead GP and nursing staff were aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
- 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.

## 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. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78.92%, 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 also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.7% to 97.1% and five year olds from 95% to 98.8%.

Flu vaccination rates for the over 65s were 76.87% which were also comparable to the 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-up appointments were available to check the outcomes of health assessments 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 and could offer them a private room to discuss their needs.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented the practice offered an excellent service and staff were helpful and caring, and always treated them with dignity and respect. One patient commented they found it difficult to get an appointment. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group. They said they met with the practice staff regularly and discussed a range of issues relating to the running of the practice. They said their views were listened to and taken on board where possible.

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:

- 99.1% of patients said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.
- 96.2% of patients said the GP gave them enough time during consultations (CCG average 89%, national average 86.6%).

- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 96.6% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86.7%, national average 85.1%).
- 94.4% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.5%, national average 90.4%).
- 87.5% of patients said they found the receptionists at the practice helpful (CCG average 85.8%, national average 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 the comment cards we received 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:

- 95.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.3% and national average of 86.0%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 82.9%, national average 81.4%).
- 89.8% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.7%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients about this service.

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



## Are services caring?

Notices in the patient waiting area 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. Written information was available to direct carers to the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those 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 been given the Pride in Practice award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation. This new initiative acknowledges the standard of service provided in lesbian, gay and bisexual healthcare. Training had been provided to staff about LGB health care awareness.
- There was a notice in the patient waiting area informing homeless patients that they could use a local church as an address for correspondence.
- Changes in demand for the service were addressed as necessary. For example, longer appointments were made available and the ratio of appointments was changed so that more were available at peak times of the day and week.

### Access to the service

The practice is open Monday to Friday from 8.00am to 6.30pm. The practice appointment times were;

Monday 8.30am to 5.50pm

Tuesday 8.30am to 12.30pm and 2.30pm to 5.30pm

Wednesday 8.30am to 2.00pm and 3.30pm to 5.40pm

Thursday 8.30am to 12.30pm and 2.00pm to 5.30pm

Friday 8.30am to 12.30pm and 2.00pm to 5.30pm

Extended hours were provided from 8.00am to 6.00pm at the weekend and bank holidays. These appointments were held at the practice by a variety of GPs and the service was shared with other GP practices from the local area.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 86.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.5% and national average of 74.9%).
- 95.9% of patients said they could get through easily to the surgery by phone (CCG average 68.2% national average 73.3%).
- 53.06 % of patients said they always or almost always see or speak to the GP they prefer (national average 36.92%).

### 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.
- Information was available to help patients understand the complaints system, for example a complaint leaflet was available in the patient waiting area.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement. Staff knew and understood the practice values and gave examples of how the values were put into practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented which all staff could access.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication were in place that involved the staff team and other healthcare professionals.

### Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care.

They prioritised safe, high quality and compassionate care. The GPs 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 GPs 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 verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We were informed that a team away day took place last year and another day was planned for later this year.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff was involved in discussions about how to run and develop the practice, and the GPs 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, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff away days, a staff survey, staff meetings, appraisals and discussion. Staff told us they would not hesitate to

# Are services well-led?

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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. The results of the staff survey indicated that staff were 'satisfied' and 'very satisfied' with their work, the support they received and the recognition they received for their work.

## Continuous improvement

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

- The nurse practitioner had recently completed training to enable her to deliver mental health and wellbeing training to other practice nurses across Bury.
- The practice participated in the trial of on-site clinics where clinicians used an iPad application to screen patients who may be at risk of the signs of early memory impairment that are common in dementia.
- The practice manager attended regular meetings with the Clinical Commissioning Group so they were fully informed of health care developments in the local area.
- Staff were supported with training so they could continually improve their knowledge and skills and drive forward improvements in patient care.
- Working in partnership with Bury College, the practice offered young people the opportunity to begin an apprenticeship in administration.