

# Heaton Moor Medical Group

## Quality Report

32 Heaton Moor Road  
Heaton Moor  
Stockport  
Greater Manchester  
SK4 4NX  
And 95 Dean Lane,  
Hazel Grove,  
Stockport, SK7 6EJ  
And Offerton Health Centre  
Offerton Lane  
Offerton  
SK2 5AR  
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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 Heaton Moor Medical Group Practice at 32 Heaton Moor Road, Stockport, SK4 4NX and at their branch surgeries located at 95 Dean Lane, Hazel Grove, Stockport, SK7 6EJ and at Offerton Health Centre, Offerton Lane, Offerton SK2 5AR on 15 November 2016. This report covers our findings from all three premises.

Prior to February 2016, there were three separate registered locations and Heaton Moor Medical Group Practice was an amalgamation of these services. Therefore, data we have access to, will not accurately reflect the performance of the current practice and data we usually include has been omitted from the report. The performance of the three practices previously was generally comparable to local and national averages and we had no serious concerns about performance.

Overall the practice is rated as good.

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

- The practices premises were clean and tidy and had disabled access, translation services and a hearing loop.
- There were some systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Patients' needs were assessed and care was planned and delivered in line with current legislation.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice sought patient views about improvements that could be made to the service; including having a patient participation group (PPG) and acted, where possible, on feedback.
- The practice was a training and teaching practice and there was a strong focus on learning. Staff worked well together as a team and all felt supported to carry out their roles and supported in career progression.

# Summary of findings

- The practice had plans to expand further and took an active role in major developments in the transformation planning of healthcare provision across Stockport.

There were outstanding elements of practice including:-

- Each GP had a lead role, for example, safeguarding lead, and this responsibility was rotated on an annual basis so every GP had knowledge of the subject.
- The practice had an open access phlebotomy service every morning and evening.

However, the provider should:-

- Display information about how patients can complain to the service in all premises.
- Monitor the time taken to respond to a complaint and if this exceeds the timeframe set out in the complaints procedure, send an explanation for the reason for the delay to the patient.

- Have a protocol for handling uncollected prescriptions which includes checks to ensure patients have received their medication.
- Display health and safety information posters for staff at the main site and the branch site.
- Ensure emergency medication containers are correctly labelled to avoid inadvertently using the wrong medication.
- Monitor responses/reports from GPs to any requests for sharing information as identified in the safeguarding audit.
- Ensure that records of all relevant recruitment checks for clinicians are kept and monitored.

**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. The practice took the opportunity to learn from internal incidents and safety alerts, to support improvement. There were other systems, processes and practices in place that were essential to keep patients safe including medicines management however, there was not a safe system in place for monitoring uncollected prescriptions. There was emergency medication and equipment available. However, we found incorrectly labelled containers which could have led to administration errors. Labels were removed on the day of our inspection.

Good



### Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audits demonstrated quality improvement. Staff worked with other health care teams. Staff received training suitable for their role.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice altered services to meet patient's needs, for example, by having an open access phlebotomy service.

Information about how to complain was not available in two of the premises and a sample of two complaints we reviewed showed time frame for responses did not follow the practice complaints procedure. Learning from complaints was shared with staff.

Good



### Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice proactively sought feedback from staff and patients and had an active PPG. Staff had received inductions and attended staff meetings and events.

Good



## Summary of findings

The practice had plans to expand further and took an active role in major developments in the transformation planning of healthcare provision across Stockport including providing 7 day access.

# 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 providing services for older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and care home visits. The practice participated in meetings with other healthcare professionals to discuss any concerns. There was a named GP for the over 75s.

Good



### People with long term conditions

The practice is rated as good for providing services for people with long term conditions. The practice had registers in place for several long term conditions including diabetes and asthma. The practice offered an open access phlebotomy service to its patients. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had specific diabetic and hypertension clinics.

Good



### Families, children and young people

The practice is rated as good for providing services for families, children and young people. The practice regularly liaised with health visitors to review vulnerable children and new mothers. 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.

Good



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

The practice is as rated good for providing services for working age people. The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. There were online systems available to allow patients to make appointments and the practice offered extended opening hours including a Saturday morning.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for providing services for people whose circumstances make them vulnerable. The practice held a register of

Good



# Summary of findings

patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

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

The practice is rated as good for providing services for people experiencing poor mental health. Patients experiencing poor mental health received an invitation for an annual physical health check. Those that did not attend had alerts placed on their records so they could be reviewed opportunistically.

**Good**



# Summary of findings

## What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards (7 from each site), all of which were very complimentary about the service provided. Patients said they received an excellent, caring service.

We spoke with members of the patient participation group who told us they were very impressed with the

service received. They told us that members of staff were helpful and listened to their concerns. We were told there were no problems in accessing appointments on the same day but patients may not see the GP of their choice if the appointment needed was urgent due to the demand. Overall the patients from the PPG said they would recommend the service.



# Heaton Moor Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a CQC Inspection manager, a GP specialist advisor and a practice manager specialist advisor.

### Background to Heaton Moor Medical Group

Heaton Moor Medical Group has a main practice based near Stockport and two branch sites one in Hazel Grove, and the other in Offerton near Stockport. There were around 29,000 patients on the practice register at the time of our inspection.

The practice is a training and teaching practice managed by five GP partners (male). There are nine salaried GPs and five registrars. There are three nurse practitioners, six practice nurses, two assistant practitioners and one healthcare assistant. Members of clinical staff are supported by a management team led by a practice manager and reception, secretaries and administration staff.

The practice is open 8am to 6.30pm every weekday. The practice offers extended hours from 7.30am every weekday and until 8pm Monday to Thursday and on Saturday 8.30am to 11.30am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

The practice has a Personal Medical Services (PMS) contract and has enhanced services contracts which include childhood vaccinations. The practice is part of NHS Stockport Clinical Commissioning Group.

### Why we carried out this inspection

We inspected this service as part of our 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

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)

# Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. the local clinical commissioning group (CCG).
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 15 November 2016.
- Spoke to staff and representatives of the patient participation group.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events and incidents. 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. Significant events were discussed at staff meetings.

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

The practice worked with the local medicines management team to review safety alerts.

### Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Health visitors attended the practice every week and could discuss any concerns on an informal basis with the GP if necessary. There were quarterly safeguarding meetings with other health care professionals. The practice had carried out a safeguarding audit and policies had been updated and staff had received additional training about the mental capacity act as a result. The audit also identified action to be taken to monitor responses/reports or attendances at meetings from GPs to any requests for safeguarding information.
- There were no notices in the waiting rooms to advise patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice was clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken including handwashing audits and action plans were in place to address any shortfalls. There was an infection control policy. There were spillage kits and appropriate clinical waste disposal arrangements in place.
- 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. The practice had a pharmacist to deal with, for example, medication queries which released more time for GPs. Emergency medication was checked for expiry dates. Blank prescription pads were securely stored and there were systems in place to monitor their use. However, there was no protocol in place to check uncollected prescriptions. Prescriptions over a month old were removed by any member of the team but there was no monitoring and we found several prescriptions over a month old. Some staff told us uncollected prescriptions were sent to an administrator to sort out but one staff member didn't do this. There didn't appear to be any system whereby records were checked by a GP prior to shredding. This could be dangerous in some circumstances, for example, if medication for patients with mental health issues had not been collected and checked with the patient.
- We reviewed personnel files for non-clinicians and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and DBS checks. However, we asked to see a sample of records for three GPs and were given files that contained very little information. Some information was then tracked down and also sent to us after the inspection but it was not clear whether these checks had been taken prior to employment. We were told that checks for registration with the appropriate professional body were monitored but there was no record available.

### Monitoring risks to patients

## Are services safe?

- There was a health and safety policy available which identified local health and safety representatives in one branch surgery but not available at the other sites. There were records of regular fire safety equipment tests and fire drills. Members of staff were aware of what to do in the event of fire and had received fire safety training as part of their induction.
  - All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
  - Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
  - All staff received annual basic life support training and there were emergency medicines available. Emergency medication for Heaton Moor main site was centrally stored for quick access. Emergency medication was stored in plastic containers and one box was labelled on the outside in order for staff to quickly identify where the medication was. However, we found that one of the labels did not correspond to the medication. One of the practice nurses immediately removed the label to prevent anyone using the wrong medication.
  - The practice had a defibrillator and oxygen which was checked regularly. As a result of a significant event, the practice had purchased two oxygen cylinders at each site to cope with a medical emergency should there be a delay from the emergency services.
  - 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.
- Arrangements to deal with emergencies and major incidents**

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

# 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.

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.

### 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 and held regular meetings to discuss performance. (QOF is a system intended to improve the quality of general practice and reward good practice).

The practice carried out a variety of audits that demonstrated quality improvement. For example, medication audits and clinical audits. For example, the practice had carried out an audit on the postnatal management of gestational diabetes.

### 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 infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Training included: safeguarding, fire

safety awareness, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules. Staff told us they were supported in their careers and had opportunities to develop their learning.

### 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 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

Patients' consent to care and treatment was sought 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. GPs were aware of the relevant guidance when providing care and treatment for children and young people.

### Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or seen in house.

The practice carried out vaccinations and cancer screening. In addition, the practice had identified the need for preventative care and had for example, specific clinics to manage patients who were at risk of developing diabetes.

# 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.

### **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.

Staff told us that telephone translation services were available and there were hearing loops at both practice premises.

### **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 a register of carers and pro-actively offered flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a longer appointment to meet the family's needs or signposted those to local counselling services available. Information leaflets were available in the waiting room for local counselling services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice offered a variety of services including:

- A phlebotomy service
- Minor surgery and joint injections,
- Baby clinics
- Travel vaccinations
- Chronic disease management
- Pre-diabetes clinics
- Hypertension clinic
- ECG
- 24 hour blood pressure monitoring.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The phlebotomy service was available from 7am to midday every morning and then in the evening.
- There were longer appointments available for people with a learning disability or when interpreters were required.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There was hearing loop and translation services available.
- Wi-Fi was available to patients.

### Access to the service

The practice is open 8am to 6.30pm every weekday. The practice offers extended hours from 7.30am every weekday and until 8pm Monday to Thursday and on Saturday 8.30am to 11.30am. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service by calling 111.

Appointments were available for up to two weeks in advance with the GP to reduce failed attendances. Appointments with the nursing team were available two months in advance.

The practice offered an appointment text reminder service. There was a dedicated team of receptionists who answered telephone calls from patients. These staff worked in an office away from the reception. Calls were monitored on a large screen so staff could easily see the efficiency of the call uptake, for example how long it took to answer a call, and how many calls per hour. Information was used to plan ahead for how many appointments to be made available.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint however was not available in the waiting room at two of the sites. The complaints policy clearly outlined a time frame for when the complaint would be acknowledged and responded to and made it clear who the patient should contact if they were unhappy with the outcome of their complaint.

The practice discussed complaints at staff meetings. We reviewed a log of previous complaints and found written complaints were recorded and written responses included apologies to the patient and an explanation of events. However, two complaints we looked at had not been responded to in the timeframe outlined in the complaints procedure and there had been no holding letter sent to the patient to explain the delay.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which was available on the practice website and in the waiting rooms. The practice had several aims and was committed to patients' needs. They stated they wanted to meet their aims by 'developing and maintaining a happy Practice which is responsive to peoples' needs and expectations and which reflects, where possible the latest advances in Primary Health Care'.

### Governance arrangements

Evidence reviewed demonstrated that the practice had:-

- An overarching governance policy and policies that all staff could access on the computer system.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. Meetings were planned and regularly held including: weekly clinical meetings, monthly full staff team meetings. Other meetings included: palliative care meetings with other healthcare professionals and quarterly safeguarding meetings.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous quality improvement including the use of audits which demonstrated an improvement on patients' welfare.
- Proactively gained patients' feedback and engaged patients in the delivery of the service and responded to any concerns raised by both patients and staff.

### Leadership, openness and transparency

Staff felt supported by management. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager or GPs and felt confident in doing so. The practice had a whistleblowing policy and all staff were aware of this.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

### 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 when possible.

- There was an established PPG and the practice had acted on feedback. The PPG had previously worked together as a virtual group but had held their first face to face meeting in October. The practice planned to engage the PPG to help develop patient services.
- The practice used the NHS Friends and Family survey to ascertain how likely patients were to recommend the practice. The practice monitored comments received which were mainly very positive about the service.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

### Continuous improvement

Clinicians kept up to date by attending various courses and events. The practice had plans to expand further and took an active role in major developments in the transformation planning of healthcare provision across Stockport. Two members of staff took lead roles in.

The practice were also planning 7 day access to include the use of volunteer groups and other healthcare organisations to maximise the benefits to patients.