Lime Square Medical Centre

Quality Report

Lime Square
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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	Inadequate
Are services safe?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lime Square Medical Centre on 31 May 2016. Overall the practice is rated as Inadequate.

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

- Patients were at risk of harm because systems and processes were not fully embedded to keep them safe. For example no care plans were in place for vulnerable patients and there was no clinical meetings in place.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- Patient outcomes were hard to identify as little reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

The areas where the provider must make improvement are:

- The provider must undertake patient care planning quality improvements. For example a more effective focus on hospital admissions and discharges, mental health, learning disability and palliative care patients.
- Ensure patients on high risk medications such as hypnotics are properly monitored and reviewed.
- Introduce a system to ensure all staff receive patient safety alerts and any action required is clearly identified and completed.
- Ensure Patient Specific Directions (PSD) are introduced to support the healthcare assistant where they are giving injections.

Summary of findings

- Maintain and monitor the quality assurance processes for reporting, recording, acting on and monitoring of significant events.

The areas where the provider should make improvement are:

- Maintain the new governance systems to ensure integrated fully into the practice.
- Review the management support to ensure new processes are embedded and monitored to ensure safety of patients and staff, and the smooth running of the practice.
- Identified carers and review the support the practice could provide to further support carers.
- Develop a clear vision and practice plan to ensure good outcomes for patients.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice had recently started to carry out an analysis of the significant events. It was too early to evidence whether follow ups or analysed outcomes after the significant events had taken place.
- The practice did not have in place Patient Specific Directions (PSDs) to enable the healthcare assistant to administer vitamin B12 vaccinations.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had recently introduced new systems, processes and practices to keep patients safe and safeguarded from abuse.

Are services effective?

Inadequate

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average. Performance for diabetes related indicators was 41.2%. This was below the national average of 89%.
- Monitoring of risk assessments, care plans and patient profiling were not maintained by clinicians.
- The practice identified patients who may be in need of extra support. However the practice identified they could improve in clinical areas for these patients
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the practice was average for several aspects of care.

Summary of findings

- Patient translation services were available for patients who did not have English as a first language. However this was identified as an area which the practice felt needed to be improved.
- The practice had identified patients as carers on a register; however the practice did not provide any further information or support to these patients in the practice.
- 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 services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered appointments on Tuesday and Thursday mornings from 7am, for working patients who could not attend during normal opening hours.
- The practice worked together with North Manchester Integrated Neighbourhood Care Team (NMINC) to provide a multidisciplinary approach to health and social care to patients.
- 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.

Are services well-led?

Inadequate

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

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.

Summary of findings

- The practice had a number of newly embedded policies and procedures to govern activity and had started to hold governance meetings; this structure was still too new to establish the full effectiveness throughout the organisation.
- There was little evidence to demonstrate innovation or service development with minimal evidence of learning and reflective practice.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as requires improvement for safety, responsive, caring and inadequate for effective and well-led providing a service.

The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had very recently started care planning clinics seeing patients over 75 years of age, providing one hour consultations.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as requires improvement for safety, responsive, caring and inadequate for effective and well-led providing a service.

The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- 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.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as requires improvement for safety, responsive, caring and inadequate for effective and well-led providing a service.

Summary of findings

The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- The practice's uptake for the cervical screening programme (01/04/2013 to 31/03/2014) was 67.8%, which was lower than the national average of 82%. However the practice had shown improvements and implemented new smear clinics.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety, responsive, caring and inadequate for effective and well-led providing a service.

The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- Tuesday and Thursday mornings appointments were available from 7am, for working patients who could not attend during normal opening hours.
- 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.
- NHS Health checks were available to this population group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety, responsive, caring and inadequate for effective and well-led providing a service.

The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered longer appointments for people when required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

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.

People experiencing poor mental health (including people with dementia)

Inadequate

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

In addition to the improvements required in safe, effective caring and inadequate in effective and well led, which affected patients in this population group, we also found the following:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in record, in the preceding 12 months (01/04/2014 to 31/03/2015) 29.5% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to31/03/2015) 70% compared to national average of 84%.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing less well when compared to local and national averages. 372 survey forms were distributed and 129 were returned. This represented 2 % of the practice's patient list.

- 52.8% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 60.3% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 73.5% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 60.3% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards. All except one contained positive comments about the practice, and three mentioned areas where patients were not completely satisfied. Patients commented that reception staff were caring and helpful, and GPs treated them respectfully and provided good explanations to them. Five cards mentioned that the waiting time once in the practice was a problem.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- The provider must undertake patient care planning quality improvements. For example a more effective focus on hospital admissions and discharges, mental health, learning disability and palliative care patients.
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- Introduce a system to ensure all staff receive patient safety alerts and any action required is clearly identified and completed.
- Ensure Patient Specific Directions (PSD) are introduced and implemented to support the healthcare assistant where they are giving injections.
- Maintain and monitor the quality assurance processes for reporting, recording, acting on and monitoring of significant events.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Maintain the new governance systems to ensure integrated fully into the practice.
- Review the management support to ensure new processes are embedded and monitored to ensure safety of patients and staff, and the smooth running of the practice.
- Identified carers and review the support the practice could provide to further support carers.
- Develop a clear vision and practice plan to ensure good outcomes for patients.

Lime Square Medical Centre

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 second CQC inspector, GP specialist adviser and a practice manager specialist adviser.

Background to Lime Square Medical Centre

Lime Square Medical centre is located close to Manchester City centre. The practice is situated in a modern purpose built retail complex. All services are delivered on the first floor of the building with disabled access from the ground floor available. There is multiple parking available to patients.

At the time of our inspection there were 5999 patients registered with the practice. The practice is in the North Manchester Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract with NHS England.

The practice has an average patient population with regard to gender and age mix with 40% of the practice patients being of black and minority ethnic group. The practice has seen a gradual increase of 50% over the last three years with new patients joining the practice, which has also seen a rise in patients in the black and minority ethnic group.

The practice is managed by two male GP partners (one partner oversees the practice management of the practice) and two female salaried GPs. There is one practice nurse and one healthcare assistant and one temporary pharmacist. Members of clinical staff are supported by an assistant practice manager and reception staff. On the day of inspection the practice had a temporary practice manager overseeing the practice.

The practice has faced multiple challenges over the last three years related to staffing issues and staff turnover.

The practice opening times are :

- Monday – 8.30am – 6.30pm
- Tuesday – 7am – 6.30pm
- Wednesday – 8am- 1pm
- Thursday – 7am – 6.30pm
- Friday - 8.30am – 6.30pm

Appointments times are between 9am and 5.30pm with extended hours every Tuesday and Thursday mornings from 7am. The practice is closed daily between 1pm and 2pm and Wednesday afternoons. The practice also offers extended hours and weekend appointments to patients.

Patients requiring a GP outside of normal working hours are advised to call NHS 111 or attend accident and emergency department in emergencies. The surgery is part of Prime Ministers GP Access (GPPO) scheme offering weekend appointments to patients.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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.

Detailed findings

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 31st May 2016.

During our visit we:

- Spoke with a range of staff (reception staff, GPs) and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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.'
- Reviewed policies and procedures

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There were systems 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had only recently started in the last two months to carry out an analysis of the significant events and they were still in a very early stage of being able to report improvements in care and treatment as a result. However these new discussions and meetings had led to future planning and changes in the practice.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We identified that patient safety alerts were not cascaded to all clinical staff on a regular basis with no formal process or documentation recorded.

Overview of safety systems and processes

The practice had recently implemented new systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. We reviewed a recent audit to ensure all patients on the safeguarding register were included on the clinical system. This resulted in two patient's records being updated and removed from the register. Patients were coded on the system correctly but there was no additional coding to highlight other family members to clinical staff who also may be at risk.
- 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 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 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 for example in specimen handling and all staff had received up to date mandatory training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice nurse worked closely with the buddy practice nurse to share learnings and processes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines; however we identified one area which did not reflect the policy. The practice was a high prescriber of Hypnotic medicines which can be addictive, there was no process in place to review, monitor and reduce the amount prescribed. The practice had recently employed a temporary pharmacist who was reviewing hospital discharge medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice did not follow Patient Specific Directions (PSD) for the healthcare assistant to administer vitamin B12 vaccinations. There were no prior checks in place with the GP. When we spoke to the healthcare assistant and GP, neither knew about this system.

Requires improvement

Are services safe?

- We reviewed four 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.

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 and evacuations. 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 enough staff were on duty. Concerns were raised by the practice who explained to the inspection team challenges they had previously experienced, in recruiting clinicians and staff into the practice, however were fully staffed on the day of the inspection.

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 in the treatment room.
- 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 stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The practice had a buddy system in place with another practice close by, this worked well for peer support, emergencies and covering clinics if required.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they did review relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The clinical staff we spoke with could clearly outline the rationale for their approaches to treatment. However, they had no monitored process that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Information about the outcomes of patients' care and treatment was collected and recorded electronically in individual patient records. This included information about their assessment, diagnosis, treatment and referral to other services. The practice could provide no evidence of informal or formal individual peer review and support to discuss issues and potential improvements in respect of clinical care.

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 64.6% of the total number of points available. The clinical exception rate was 4%. A practice's achievement payments, are based on the number of patients on each disease register, known as 'recorded disease prevalence'. In certain cases, practices can exclude patients which is known as 'exception reporting'. The lower the exception rate, the better.

This practice was outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) 59.2% compared to the local figure of 71.6% and the national figure of 77.5%. Eleven patients had been excepted.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) 29.5% compared to the local figure of 87.5% and the national figure of 88.4%. Three patients had been excepted.

The practice explained to the inspection team why the previous year's QOF had been so low, issues such as incorrect coding and lack of clinical staff had reflected in the low 2014/15 QOF score for the practice. The practice employed a new practice nurse in 2015 who has implemented many clinics. During the inspection we were shown improvements in the QOF figures for 2015/16 which still required validation.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored in the area of cervical testing. The practice had employed a midwife for one session a week, as a direct result of the audit.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We spoke with one new member of staff who was extremely happy with the level of support and guidance given.
- 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. Clinical staff told us there was a joint responsibility between themselves and their line manager when reviewing their training and they regularly updated their training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Inadequate

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The full information needed to plan and deliver care and treatment was not completed in patient records.

- No documented care plan had been developed for patients on the practice's palliative care and learning disabilities register, with no clinical reviews taking place of patients who have been discharged from hospital or attended accident emergency or had a mental health issues.
- We were informed care plans required by patients over 75 years of age had recently commenced with one hour consultations taking place. We were shown examples of the plans with, a total of six reviews been completed.
- A system was in place for hospital discharge letters and specimen results to be reviewed by a GP who would initiate the appropriate action in response.
- We identified risk assessments and patient profiling were not maintained by clinicians. Regular clinical meetings had not been in place prior to the inspection. The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Information such as NHS patient information leaflets were available.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support but did not take this any further. For example, when we asked clinical staff about patients in the last 12 months of their lives, clinicians were unable to tell us how many patients were on the register.

Patients with learning disabilities had not had a clinical review for approximately two years and the clinical staff were unaware of the register. The registers in place were maintained by the administration team .

The practice's uptake for the cervical screening programme was 81%, which was below the CCG average of 92.4 % and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice identified this was an area that needed to improve and employed a midwife who ran one clinic every Friday for the practice which had shown an increase of an extra 490 patients over a year being coded and screened.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77.8% to 100% and five year olds from 65.8% to 86.8% compared to CCG average of 85.9% and 95.7%

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

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. However we observed patients were congested when waiting to be seen. There was a sign asking patients to respect patient's confidentiality whilst waiting.

All but one of the 17 patient CQC comment cards we received contained positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Five comment cards mentioned the waiting time as an issue. One card said the waiting time on the board was not accurate and they had to wait over 40 minutes to be seen by a doctor.

We spoke with seven members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The patients we spoke with also reflected these views.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar and in two cases lower to the CCG and national averages for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 86.3% of patients said the GP was good at listening to them compared similar to the clinical commissioning group (CCG) average of 87.5% and the national average of 89%.
- 87.1% of patients said the GP gave them enough time compared similar to the CCG average of 84.8% and the national average of 87%).
- 94.6% of patients said they had confidence and trust in the last GP they saw compared similar to the CCG average of 94.1% and the national average of 95%)
- 85.3% of patients said the last GP they spoke to was good at treating them with care and concern compared similar to the national average of 85%).
- 82.9% of patients said the last nurse they spoke to was good at treating them with care and concern lower than the national average of 91%).
- 72.4% of patients said they found the receptionists at the practice helpful lower than the CCG average of 85% and the national average of 87%)

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 from 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 lower than local and national averages. For example:

- 81.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 71.3% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. This was identified as an area where the practice felt it needed to improve. We were told by one clinician that patients with disabilities and those who did not have English as their first language were currently not receiving the best care.
- Information leaflets were available in easy read format.

Requires improvement

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified patients as carers on a register; however the practice did not provide any further information or support to the patients in the practice. There was a neighbouring practice where carers could be referred to if required.

Staff told us that if families had suffered bereavement a sympathy card would be sent by the practice.

Requires improvement

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 was part of the North Manchester Integrated Neighbourhood Care Team (NMINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The GP and one member of staff were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- The practice offered appointments on Tuesday and Thursday mornings from 7am, for working patients who could not attend during normal opening hours.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open 8.30am to 6.30pm Monday and Friday with Tuesday and Thursday being open 7am to 6.30pm. Every Wednesday afternoon from 1pm the branch was closed. During this time patients could access the out of hours' service. The surgery is part of the Prime Ministers GP Access (GPPO) scheme offering extended hours and weekend appointments to patients.

In addition pre-bookable appointments 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 lower than local and national averages.

- 70.5% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 52.8% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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 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.
- We saw that information was available to help patients understand the complaints system with a detailed summary leaflet available to patients.

We looked at complaints received in the last 12 months and found these had been dealt with in a timely way, with openness and transparency when dealing with the complaint. The practice had a complaints lead who dealt and responsed to all matters arising from the practice complaints procedure. More recently complaints had started to be discussed at the newly adopted team meetings.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

There was no vision or strategy for the future documented and staff were unaware of any vision and values for the practice. This had been identified by the practice who were aware plans and strategy for the future of the practice needed to be put in place.

Governance arrangements

The overarching governance framework in the practice was weak and did not support the delivery of safe and effective clinical care. There had been a newly introduced policy and procedure system, however this was at a very early stage and had not been embedded throughout the practice.

- Arrangements for monitoring risks were not effective. We found analysis of the significant events at a very early stage which were unable to demonstrate improvements in care and treatment as a result. We found monitoring of risk assessments around care planning were not maintained by clinicians, with patients clinical registers being maintained by administrative staff not clinicians.
- There was a staffing structure in place and staff were aware of their own roles and responsibilities. However the practice had a very new and not yet established management structure in place. The practice had employed a temporary practice manager, two months prior to the inspection, whose role was to adapt current process and implement new ways of working and systems.
- Whilst a system of clinical audit was in place there was a lack of internal checks and audits to monitor the quality of the services identify issues and make improvements.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had newly adopted 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).This included training for all staff on communicating with patients about notifiable safety incidents. 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.

There was a clinical structure in place, however some of the clinicians we spoke with felt there could be more support to help them integrate into the practice further. Administration staff felt supported by peers.

- Staff told us the practice had recently started to hold team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements in the patient waiting area had been adopted by the practice, where a "we listen to you" comments board was introduced.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** • The practice had no systems or processes in place for clinical reviewing and producing care plans or patient profiling for several groups of patients such as: patients admitted or discharged from hospital, receiving palliative care or had a learning disability. This was in breach of Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The practice had no suitable arrangements in place for the quality assurance for reporting, recording, acting on and monitoring of Hypnotic medicines. • The healthcare assistant was not using Patient Specific Directions (PSD) when administering vaccinations. • Staff did not receive patient safety alerts. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

- Risks relating to the welfare of service users and others were not appropriately assessed, monitored and mitigated.
- Clinical meetings were not taking place.

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.