

Peterloo Medical Centre

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 Peterloo Medical Centre on 23 March 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 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.
- All staff employed by the practice had received a disclosure and barring 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).

- 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.

We saw several areas of outstanding practice:

- The practice used iPads when visiting patients which were linked to the clinical system which enabled the

Summary of findings

GP to view parts of the medical record. The GP was then able to send messages and requests such as blood tests. This ensured there were no delays in the request process.

- They had a Lexicom application on their mobile phones, which is the system used for dictating referrals which enabled the GPs to request referrals when out of the surgery also ensuring there were no delays in the referral process.

- The practice used Webex with a local pharmacy and were able to carry out face to face consultations using a computer link which meant the patient did not have to attend the surgery.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- 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.
- All staff were trained in Safeguarding relevant to their role.
- All staff employed by the practice had received a DBS check.
- The GPs took part in peer reviews to ensure best and safe working practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice similar to others for almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.

Summary of findings

- We observed a strong patient-centred culture.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. The practice regularly took part in local and national charity events to raise money for different charities.

- Patients that had been discharged from hospital were contacted by telephone and offered either a face to face or telephone appointment as required.
- Carers were identified and sent carers packs and were able to have respite breaks prescribed by the GPs.
- In partnership with other local practices all patients aged over 65 were invited to a tea dance. This was to increase the uptake of flu vaccinations, offer company and exercise to this group of patients and to let patients know what healthcare services were available locally.

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 NHS England Area Team and 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 with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice piloted new technology and used it in a way to help reduce the referral process and to ease communication between the practice and GP whilst visiting patients.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Good



Summary of findings

- Each GP partner took lead role in both a management area as well as a clinical area, they were empowered to make decisions on behalf of all the partners in their particular area.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and had an active patient participation group.
- The practice held public events and asked the public including their own patients views when they were developing new referral pathways.
- The practice invited its neighbours and different groups to consultation meetings to engage with them when they may be affected such as when the practice applied for planning permission for extra parking for its patients.
- The practice had TV screens in each of its four waiting areas which were used as a calling system, streaming information about the services offered by the practice and health awareness information.
- The practice were engaging with local schools to talk about a career in medicine in general practice.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- 50% of patients over the age of 75 and all patients in care homes had a personalised care plan in place.
- All elderly patients were given an appointment the same day if needed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 who had been discharged from hospital were contacted by the practice within three days and offered an appointment or home visit as required.
- The practice referred patients to the befriending services provided by Age UK and the Samaritans.
- The practice issued prescriptions for respite to carers in need of this.
- All carers were identified on the clinical system and given a carers pack.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.
- Patients over the age of 65 were invited to a tea dance with the aim of offering company, exercise and information about local services.

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.
- 91% of diabetic patients had a record of having had a foot examination and risk classification within the preceding twelve months compared to the national average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with long term conditions were offered personalised care plans.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 80% of patients with asthma had had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians questions which was higher than the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 79% of women aged between 25 and 64 had in their notes recorded that a cervical screening test had been performed in the preceding five years which was comparable to the national average of 81%.
- Children under the age of 12 years were given an appointment on the same day.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had a safe and secure play area for children in the reception area.
- The practice had a purpose built room to welcome breast feeding mothers and were officially recognised by the Association of Breastfeeding Mothers (ABM). Staff had received training from ABM and were able to offer support to breastfeeding mothers.
- The practice offered "RU Clear" screening which is a confidential sexual health screening service.

Summary of findings

Working age people (including those recently retired and students)

Good



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.
- 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.
- Telephone consultations were available for those patients that could not attend during the working day.
- The practice were part of a group of doctors offering seven day access to a GP, a practice nurse and a diagnostic service.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

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).

- 80% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

Summary of findings

- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months was above the national average of 88%.
- The practice had a dedicated mental health lead GP.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients that needed it were referred on the same day to the local Crisis Team.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 342 survey forms were distributed and 118 were returned, a return rate of 34.5% and represented 1.25% of the practice's patient list.

- 59.5% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 91.7% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 84.8%).

- 70% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 72.6%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. However, there were several comments about how difficult they felt it was to get an appointment on the same day.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- The practice used iPads when visiting patients which were linked to the clinical system which enabled the GP to view parts of the medical record. The GP was then able to send messages and requests such as blood tests. This ensured there were no delays in the request process.
- They had a Lexicom application on their mobile phones, which is the system used for dictating referrals which enabled the GPs to request referrals when out of the surgery also ensuring there were no delays in the referral process.
- The practice used Webex with a local pharmacy and were able to carry out face to face consultations using a computer link which meant the patient did not have to attend the surgery.

Peterloo 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 GP specialist adviser and a practice manager specialist adviser.

Background to Peterloo Medical Centre

Peterloo Medical Centre provides primary medical services in Middleton near Manchester from Monday to Friday. The practice is open between 8.30am and 6.30pm. The first appointment of the day with a GP is 8.30am and the last appointment with a GP is 5.30pm. Extended hours are offered on Monday evenings until 7.45pm. Same day urgent appointments are available each day.

Peterloo Medical Centre is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG).

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

Peterloo Medical Centre is responsible for providing care to 9367 patients.

The practice consists of five GP partners two of whom are female and one salaried female GP, two practice nurses and one health care assistant. The practice is supported by an administration team, secretaries and receptionists. It is a teaching practice with regular medical students and trainee doctors.

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

The partners have additional roles including Medical Educator and Training Programme Director for Health Education North West, Royal College of Practitioners Course Director for Sexual Health, Chief Executive for the Rochdale and Bury Local Medical Committee, Clinical Lead for seven day service for Rochdale Borough, Senior Medical Officer for the British Hajj delegation, McMillan GP and Clinical Lead for Cancer at Heywood, Middleton and Rochdale CCG, and Director of GP Services at the local prison.

One of the partners received an MBE in 2014 for his contribution to services to General Practice.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 23 March 2016. During our visit we:

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

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Staff were able to give examples of significant events that had been discussed in recent staff meetings.

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

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

Overview of safety systems and processes

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

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

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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.
- 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.

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 throughout the offices which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Throughout the surgery there were maps of the surgery

Are services safe?

showing the nearest fire exit. 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.
- The practice were working with other local practices towards a federated way of working which would mean sharing resources.

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 nebuliser and defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% 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 comparable to the national average. For example the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 90.5% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was similar to national average of 84%.
- Performance for mental health related indicators was better than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% which was better than the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the practice using the correct pathway for the management of urinary tract infections.

Information about patients' outcomes was used to make improvements such as ensuring that all patients that had had a contraceptive coil fitted were checked after six weeks.

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, mental capacity act awareness and deprivation of liberties awareness.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions., Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and. Patients were then signposted to the relevant service.
- The practice nurse offered weight management support and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel, breast cancer screening and abdominal aortic aneurysm,

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 94% to 99% and five year olds from 91% to 95%.

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, well man and well woman checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Dignity screens 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.

All of the 42 patient Care Quality Commission comment cards we received were positive 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.

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

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

- 90% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 87%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).

- 82% said they found the receptionists at the practice helpful (CCG average 85%, national average 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 on the comment cards we received was also positive and aligned with these views.

However results from the national GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly lower than local and national averages. For example:

- 79.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 81%)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% , national average 85%)

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 this service was available. Some staff were able to communicate to patients in a number of other languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The GPs were able to prescribe respite care to carers who were in need of this.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours until 7.45pm on Monday evenings for working patients who could not attend during normal opening hours.
- All appointments on Monday and Wednesday mornings were telephone consultations with a face to face appointment offered where necessary.
- 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 hosted the service where a group of practices offered seven day access to a GP and practice nurse.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 5.30pm daily. Extended surgery hours were offered until 7.45pm on Monday evenings. 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 mixed when compared to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 59% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 35% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 60%).

However, people told us on the day of the inspection that they were able to get appointments when they needed them. Some of the comment cards reflected the mixed satisfaction. The practice have recently introduced the telephone consultations to address this.

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 for example posters were displayed in the waiting areas and leaflets were available.

We looked at 14 written and verbal complaints received in the last 12 months and found that they were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example the practice had introduced telephone consultations on two mornings each week as a way of improving access to a GP as a result of complaints received.

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 mission statements for the practice, the team and the locality which were displayed throughout the practice including the waiting areas and staff knew and understood the values.

The practice had a 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff in the form of a filing system and on the computer.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners 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 partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Each partner took a lead role in a different management area of the 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 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.

- The practice were working towards a federated way of working with other local practices and pooling their resources. One example of this was that the practice had not replaced its practice manager who had left recently. A manager from another practice was offering support to members of staff that had taken on some of the duties of the role. The GP partners had taken a lead role in all clinical and administration areas to strengthen the leadership and support to the team.
- Staff told us the practice held monthly team meetings and were able to call ad hoc meetings at any time.
- 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 noted the practice had held a team SPA weekend where the practice carried out appraisals and the practice provided relaxation therapies.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example a triage

Are services well-led?

Good 

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

system had been introduced on Monday and Wednesday mornings in an attempt to offer more choice to patients and to address the problem of access to appointments.

- The practice gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

- The practice are exploring the potential of Carers clinics.
- After school clinics specifically for school age children are due to start in April 2016.

- One of the partners is working with its supplier of digital dictation and is looking at developing the system so that anyone dictating a letter away from the surgery can save it in an IT cloud and be picked up and processed by any secretary in the group of practices.
- The practice are working with other local practices moving towards a federated way of working and sharing resources.
- The practice are looking at employing an Advanced Nurse Practitioner as a way of improving access.
- The practice nurse is training to initiate insulin to its diabetic patients.
- One of the partners is exploring improved access for teenagers and those with long term conditions by using an Apple watch which allows these patients to email in any question or query which would be received through the Apple watch and a response sent via Siri.
- Plans are in place to introduce Repeat Dispensing where patients are able to nominate a pharmacy and can request repeat prescriptions direct from them.
- The practice are exploring different telephone systems in response to patient comments.