

Block Lane Surgery

Quality Report

The Surgery
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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?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Block Lane Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Block Lane Surgery on 3 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 a 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.
- 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.

- Patients said they could make an appointment with a 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.

The areas where the provider must make improvement are:

- The provider must ensure clinical audits cycles take place as a way of making improvements to the service provided.

The areas where the provider should make improvements:

- The provider should put a system in place to check the professional registration status of all clinicians.

Summary of findings

- The recruitment policy should be updated to include all aspects of pre-employment checking.
- The provider should improve their system of analysing significant events to ensure the events are not repeated and learning actions have completed.
- The provider should update their business continuity plan so that all information is current and all sections of the plan complete.
- The provider should ensure all the information about complaints in their policies and on the website is up to date.

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 a 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.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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, although not all these were up to date.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.

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 in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 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.

Good



Are services well-led?

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

- The practice had a clear strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the strategy and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to identify risk, but audits to improve quality were not in place.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients in this population group had a named accountable GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- GPs 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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 and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Health promotion advice including up to date health promotion material was available throughout the practice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including 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.

Good



People experiencing poor mental health (including people with dementia)

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

- 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.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice employed a counsellor who had a surgery for three hours a week.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 351 survey forms were distributed and 122 were returned. This was a 35% completion rate representing 2.34% of the practice's patient list.

- 59% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 78% described the overall experience of their GP surgery as fairly good or very good (CCG average 71%, national average 73%).

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which all contained positive feedback about the standard of care received. Patients said staff were cheerful, respectful and professional, and that their needs were met. One patient commented on the lack of on the day appointments but others said they had no difficulty making appointments.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were caring. They told us that they could access appointments when they needed to.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure clinical audits cycles take place as a way of making improvements to the service provided.

Action the service **SHOULD** take to improve

- The provider should put a system in place to check the professional registration status of all clinicians.
- The recruitment policy should be updated to include all aspects of pre-employment checking.

- The provider should improve their system of analysing significant events to ensure the events are not repeated and learning actions have completed.
- The provider should update their business continuity plan so that all information is current and all sections of the plan complete.
- The provider should ensure all the information about complaints in their policies and on the website is up to date.

Block Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser and a practice manager specialist adviser.

Background to Block Lane Surgery

Block Lane Surgery is located in a residential area in the Chadderton district of Oldham. The practice provides services from purpose built single storey. There is suitable patient access to the premises and disabled parking available. At the time of our inspection there were 5211 patients registered with the practice. It is overseen by NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice age and gender profile is similar to the national averages, and the proportion of patients registered who have a long standing health condition is also similar to the national average.

There are two partner GPs (one male and one female) and a salaried GP (male). They are supported by practice nursing team of two practice nurses, and practice manager, and administration and reception staff. The practice is a training practice.

The practice is open from 6.45am to 6.30pm on Mondays and from 8am to 6.30pm Tuesdays to Fridays.

Patients can book appointments in person, on line or via the phone. Emergency appointments are available each day. Advance appointments can also be made, as can telephone consultations. There is an out of hours service available provided by NHS 111.

Why we carried out this inspection

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

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

How we carried out this inspection

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 3 March 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, practice manager and reception and administrative staff.
- Spoke with five patients.
- Observed how patients were being spoken to at the reception desk.

Detailed findings

- 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 a system in place for reporting and recording significant events. However, we saw examples of significant events being identified but not recorded and correctly actioned.

- 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 usually carried out a review of the significant events. However, this did not include an analysis to ensure the events were not repeated and learning actions had been completed.

We reviewed safety records, incident reports and national patient safety. We saw evidence that these were discussed in practice meetings.

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. A GP 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 carried out.
- 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.
- The practice had a recruitment policy that had been reviewed in November 2015. This did not contain all the information relevant when recruiting new staff. For example, it did not mention the need for identity to be checked or for an employment history to be provided. We reviewed the personnel files held at the practice. Appropriate recruitment checks were usually but not always carried out. For example, a practice nurse recruited in 2014 was personally known to a staff member at the practice so no reference from a former employer was sought. A check had not been carried out with the Nursing and Midwifery Council (NMC) or the General Medical Council (GMC) to check clinicians were registered with the appropriate professional body. Very little information was kept for the GPs at the practice. A DBS check had been carried out for staff. The practice manager told us that NHS England had provided them with guidance for checks to be undertaken prior to recruiting new staff, and they would be following this guidance from now on.

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. The practice had up to date fire

Are services safe?

risk assessments and carried regular fire drills were carried out by the property management company. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and fire training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, there were a lot of gaps in the policy where practice specific information had not been completed. Some of the information in the plan was out of date.

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 95.7% of the total number of points available, with 8.4% 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 2014-15 showed;

- Performance for diabetes related indicators was 84.9%. This was better than the CCG average of 81.8% but below the national average of 89.2%.
- Performance for hypertension related indicators was 100%. This was better than the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 88.5%. This was worse than the CCG average of 91.7% and the national average of 92.8%.

Although some clinical audits had been carried out by trainee GPs these were single cycle audits so quality improvement could not be demonstrated. Clinical audits demonstrated quality improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice manager carried out appraisals for non-clinical staff, and GPs appraised the nurses and practice manager. Although not all staff had had an appraisal within the last 12 months, we saw evidence that appraisals had been booked. Staff told us they felt well supported at work.
- 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

Are services effective?

(for example, treatment is effective)

services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place 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 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. Patients were then signposted to the relevant service.
- Travel vaccinations were available at the practice.

The practice's uptake for the cervical screening programme was 87.6%, which was better than the CCG and national average of 81.8%. The nurses offered telephone reminders for patients who did not attend for their cervical screening test.

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 74.4% to 100% and five year olds from 70.1% to 73.6%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Information was available in the reception area in leaflet form and on notice boards. This included information about eye care, cancer care and bereavement counselling.

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.
- The nursing and residential care homes in the area had been given a direct telephone number to contact the practice easily and immediately if they required a GP or nurse.

All of the 29 Care Quality Commission 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.

We spoke with five patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was 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 87% and national average of 89%
- 87% said the GP gave them enough time (CCG average 85%, national average 87%)
- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%)

- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%)
- 91% said they found the receptionists at the practice helpful (CCG average 87%, 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 received was positive and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 88% 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.

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. This included bereavement counselling available at the local hospital. The practice also employed a qualified counsellor for three hours a week and we saw appointments could be quickly accessed. Patients could be referred for six sessions with the counsellor, and this could be increased if required.

Are services caring?

The practice had details of some of the carers that were registered as patients. The practice manager was in the process of updating the list so carers could be easily identified.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- 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.
- Patients who were housebound were not identifiable from the practice's computer system. However, staff told us they were aware of the needs of individual patients and nurses could identify housebound patients so they could visit, for example to administer routine flu vaccinations.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- There was only one telephone line for calls into the practice and the practice manager explained it would be difficult to staff if another line was installed.

Access to the service

The practice was open between 6.45am and 6.30pm on Monday and between 8am and 6.30pm Tuesday to Friday. Appointments were usually 8.50am until 11.30am, and 1.30pm until 5.30pm, with extended hours appointments from 6.45am on Mondays. Patients could book appointments in advance, and telephone appointments could also be made. Urgent on the day appointments were also available. We checked the availability of appointments at 1.45pm during the inspection. Although all the on the day appointments had been booked there was the facility for a patient to speak with a GP then be seen if it was thought necessary. The next available pre-bookable appointment was in four working days' time.

The practice was part of a pilot where seven day access to appointments was available. These appointments were pre-bookable in one of four hubs in the area where the GPs had access to the patients' records. These appointments were available from 6.30pm until 8pm Monday to Friday and during the day at weekends.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 59% of patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 43% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. Only one of the 29 CQC comments cards received stated the availability of on the day appointments was a problem.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures did not contain all the required information. It stated that the Patient Advice and Liaison Service (PALS) could be contacted if the patient was not satisfied with the response to their complaint, and patients could then go to the Health Commissioner. This is not a role in the complaints' process. The Parliamentary and Health Service Ombudsman (PHSO) was not mentioned in the policy, but this was mentioned on the practice's website. The website also stated patients could complain to Oldham Primary Care Trust (PCT). PCTs ceased to exist in April 2013 when clinical commissioning groups (CCGs) were formed. There was a notice in the waiting area telling patients to ask at reception if they wanted to complain.
- The practice manager was the designated responsible person who handled all complaints in the practice. Verbal complaints were recorded and we saw evidence that complaints were discussed at monthly meetings.
- We looked at the complaints file and saw complaints were usually acknowledged, investigated and appropriately responded to. The PHSO was mentioned in response letters.

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. Staff were aware of the aims and objectives of the practice.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Although some audits had taken place these had not been repeated to ensure improvements occurred.

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.

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.

- Staff told us the practice held regular team meetings. Full staff meetings were held every month, and the partners met monthly with the practice manager. The nurses also had their own meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. 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 via the NHS Friends and Family Test, and they analysed the results each month and engaged patients in the delivery of the service.

- The practice had started a patient participation group (PPG) approximately six years ago, but patients stopped attending meetings. A virtual PPG had also been trialled but again patients did not respond positively. The practice was looking at ways to start up a new PPG to include more patients.
- The practice had gathered feedback from staff at the regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and. They 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 had a progressive attitude to technology, with patients having been able to book their appointments on-line for over ten years. The practice had been a training practice since 2008, and GP trainees regular held surgeries.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not complete clinical audit cycles as a way to improve patient care and implement change. This was in breach of regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.