

Tregenna Group Practice

Quality Report

Tregenna Group Practice

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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 Tregenna Group Practice on 10 December 2015. 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.
- Generally risks to patients were assessed and well managed. However, some workplace risk assessments were not available.
- 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.
- The practice was responsive to the different needs of its patient population. For example, they had received

recognition for their support of people who were lesbian, gay, bisexual and transgender. One GP was trained to respond and support victims of domestic violence and abuse and in-house counselling services were provided to people with mental health needs

- Information about services and how to complain was available and easy to understand.
- Patients said they did not always find it easy to get through to the practice on the telephone but could get an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.
- The practice had facilities and equipment 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 practice was open and transparent and apologised when they got something wrong.

The areas where the provider should make improvement are:

Summary of findings

- Ensure staff training is up to date including safeguarding and the Mental Capacity Act 2005.
- Review and update procedures to ensure they are easily accessible and ensure risk assessments for lone worker and manual handling are developed.
- Ensure safety risk assessments and COSHH assessments are undertaken for the storage and use of liquid nitrogen.
- Ensure an asbestos assessment is undertaken and that the refurbishment plan for the premises is recorded.
- Ensure the record of prescription paper and prescription pads received into the building includes the log of identity numbers.
- Ensure the locum GP induction is recorded.
- Ensure a planned programme of clinical and internal audits is established to enable the practice to monitor quality consistently and to make improvements as required quickly.

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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were generally assessed and well managed, however some workplace risk assessments were not available.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- 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 people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice for care they received that reflected national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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 did not always find it easy to get through to the practice on the telephone but could get an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.
- The practice had facilities and equipment to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had won a gold award from "Pride in Practice" for ensuring the practice promoted a safe supportive environment where people could be open and honest about their sexuality and orientation.

Are services well-led?

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

Good



- The practice had a vision and strategy to deliver up to date care and promote good outcomes for patients. Staff were clear about their role and 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, although some of these had passed their review date. The practice held regular governance meetings.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on and the patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There was a strong focus in supporting patients on the palliative care registered.
- Care plans were in place for those patients considered at risk of unplanned admission to hospital.

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.
- The practice maintained and monitored registers of patients with long-term conditions including cardiovascular disease, diabetes, asthma and chronic obstructive pulmonary disease. These registers enabled the practice to monitor and review patient conditions effectively and patients at risk of hospital admission were identified as a priority
- Quality and Outcomes (QOF) data from Public Health England for 2014 /15 showed that the number of patients registered with practice with a long term condition were higher than both the Clinical Commissioning Group (CCG) and national averages for example: Diabetes prevalence 7.4%, (CCG average 6% and England average 6.4%)Chronic Obstructive Pulmonary Disease 4%, (CCG average 2.2% and England average 1.8%). Hypertension 16%, (CCG average 11.7% and England average 13.8%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

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 who were at risk and living in disadvantaged circumstances. For example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to Clinical Commissioning Groups (CCG) 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.
- CQC intelligent monitoring data for 2014/15 showed the practice's cervical screening rates for women aged 25-64 was 80.68%. This was similar to the England average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

Good



- 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. For example, the practice was open until 8pm on Mondays.
- Patients also had access to routine GP appointments provided through the pilot scheme trialling seven day GP access. This meant patients could be offered appointment from four localities or 'hubs' within the Clinical Commissioning Group (CCG) from 6pm to 8pm and at weekends
- 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.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including, those with a learning disability.

Summary of findings

- The practice team had received training in equality and diversity and had achieved a gold award for Pride in Practice. Therefore, lesbian, gay, bisexual and transgender people could be confident that they could discuss their healthcare needs safely.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told 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.
- One GP was trained to respond and support victims of domestic violence and abuse.

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).

- CQC intelligent monitoring data for 2014/15 showed that 84.38% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was slightly above national data of 84.01%
- CQC intelligent monitoring data for 2014/15 showed that 98.68% of patients with a diagnosed mental health condition (schizophrenia, bipolar affective disorder and other psychoses, which was over 10% more than the national average of 88.47%.
- The practice provided in house counselling for both their own patients and patients registered with other practices, and was able to signpost people to various support groups and voluntary organisations.
- The practice worked regularly with multi-disciplinary teams in the case management of people experiencing poor mental health.
- Systems were in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 2 July 2015. The results showed the practice was performing above the local and national averages for accessing the service but were similar to local and national averages for the quality of care and treatment received.

Overall, 428 survey forms were distributed and the response rate was 28% with 120 forms returned.

- 84% describe their overall experience of this surgery as good compared to a CCG average of 83% and a national average of 85%.
- 67% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 77% found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 95% said the last appointment they got was convenient (CCG average 92%, national average 92%).

- 64% described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 57% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).
- 99% of respondents had confidence and trust in the last nurse they saw or spoke to (CCG average 97% national average 97%).
- 95% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average 96% national average 95%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, all but one were extremely 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. Three people mentioned difficulty getting through to the practice by telephone.

We spoke with four patients during the inspection, and contacted one member of the patient participation group. All spoke positively about the service they received.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure staff training is up to date including safeguarding and the Mental Capacity Act 2005.
- Review and update procedures to ensure they are easily accessible and ensure risk assessments for lone worker and manual handling are developed.
- Ensure safety risk assessments and COSHH assessments are undertaken for the storage and use of liquid nitrogen.
- Ensure an asbestos assessment is undertaken and that the refurbishment plan for the premises is recorded.
- Ensure the record of prescription paper and prescription pads received into the building includes the log of identity numbers.
- Ensure the locum GP induction is recorded.
- Ensure a planned programme of clinical and internal audits is established to enable the practice to monitor quality consistently and to make improvements as required quickly.

Tregenna Group Practice

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 advisor, a second inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Tregenna Group Practice

Tregenna Group Practice is part of the NHS South Manchester Clinical Commissioning Group (CCG). Services are provided under a general medical service (GMS) contract with NHS England. The practice has approximately 6577 patients on their register (data provided by the practice).

Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy in the practice geographical area is below the England average for males at 76 years and 80 years for females (England average 79 years and 83 years respectively).

National data showed that the healthcare needs and demands of the practice patient population were significantly higher than the averages for the CCG and England. The number of patients with health related problems in daily life (58.7%) was also significantly higher than the England average of (48.8%). In addition, 88.5 patients per 1000 were claiming disability allowance

compared with England average of 50.3 patients per 1000. Data also identified that the prevalence of patients with a long-term condition was also higher than local and England averages.

The GP practice was rebuilt in 1986 and further extended in 2007. The practice's four GP partners (three male and one female) have been in partnership for 17 years. The staffing complement included one salaried GP, two trainee GPs, one nurse prescriber, one practice nurse, one health care assistant, a practice manager, two reception managers, administrative staff, secretaries and reception staff.

The practice opens Monday 08.30 am to 8pm and Tuesday to Friday 8.30am until 6pm Emergency calls from 6.00pm are managed by the Out of Hours service provided by Go To Doc.

The practice provides online patient access that allows patients to book appointments.

The practice is an older property that has been adapted to allow access to people with disabilities.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 December 2015. During our visit we:

- Spoke with a range of staff including three GP partners, a trainee GP, the practice manager, the reception manager, the practice nurse, the health care assistant, two secretaries and the chronic disease data manager.
- We spoke with four patients, one member of the patient participation group and we observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- 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 are provided for specific groups of people and what good care looks 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 and monthly clinical meeting minutes showed that this were discussed.

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. For example, following a needle stick injury the practice developed a protocol, which detailed how equipment was to be placed on the instrument trolley when minor procedures were undertaken to avoid reoccurrence.

When there were unintended or unexpected safety incidents, people 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 people 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 whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs were trained to safeguarding level 3 and they attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP had also received training for responding to domestic violence and abuse (Identification and Referral to Improve Safety (IRIS)). Staff were trained and demonstrated they understood their responsibilities in relation to safeguarding people. Records were not

available to show that the health care assistant had received safeguarding training on the day of inspection. However, training certificates for safeguarding level 1 and level 2 were supplied within 24 hours of inspection.

- A notice in the waiting room advised patients that staff were available to act as chaperones, if required. All staff who acted as chaperones were trained for the role and 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place. A recent infection control audit had been undertaken and an action plan was in place, which identified where improvements were needed. We saw evidence that action was taken to address any improvements identified as a result. The practice used an outside cleaning company to provide a daily cleaning service. At the time of our visit, the control of substances hazardous to health (COSHH) risk assessments for cleaning products used in the practice was not available. However, within 24 hours of our visit the practice clarified that these were held online by the cleaning company and were accessible to the GP practice.
- The practice building showed evidence of wear and tear and we were advised that refurbishment was undertaken room by room. A refurbishment plan was not recorded; however, the GP partners told us that the practice hoped to implement plans to develop the practice in 2016. An asbestos assessment for the building was not available.
- 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads and prescription printer paper was securely stored, and records of stocks were maintained, however the

Are services safe?

records did not include the box or paper identity numbers. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed a sample of personnel files and found that appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Recruitment checks for locum GPs were comprehensive.

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 including a health and safety policy. The practice had up to date fire risk assessments and carried out regular fire drills. 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 also 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. safety risk assessment for storage and use of liquid nitrogen and a COSHH assessment were not in place.

- 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.

- Staff could be alerted to an emergency by an instant messaging system on the practice's computers.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was also 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 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 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 (April 2014 to March 2015) showed the practice achieved 98.2% of the total number of points available, with 5.8% exception reporting. Records available showed that the practice consistently achieved higher QOF points than the Clinical Commissioning Group (CCG) and England average, since 2011. The practice was not an outlier for any QOF (or other national) clinical targets. CQC intelligent monitoring data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average for three indicators and comparable for two indicators.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average at 88.81% compared to 83.65%.
- Performance for mental health related indicators (98.68%) was better than the national average (88.47%) for patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in place in the preceding 12 months.

- The patients with a diagnosis of dementia who had been reviewed in a face to face meeting in the preceding 12 months was similar of the national average at 84.38%.

Clinical audits demonstrated quality improvement.

- Evidence from three completed audits was available which demonstrated improvements were implemented and monitored. For example, the audit monitoring the use of oral anti-coagulants (blood thinning medicine) for patients with a cardiac condition (atrial fibrillation) identified improvements (medicine optimisation) in treatment specific to each patient's health care needs.
- The practice participated in applicable 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 of an audit included identification and implementation of the best strategy to achieve an increased uptake of the influenza vaccine. The outcome of this research identified that contact by letter and text message was the most effective method at encouraging patient attendance for the flu vaccination and was most the cost effective approach.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. Information was available to indicate locum GPs received an induction upon commencing at the practice, however, this induction was not recorded.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the

Are services effective?

(for example, treatment is effective)

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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire procedures, and basic life support and information governance awareness.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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.

- 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, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Staff were aware of the Mental Capacity Act 2005; however, records of training were not available.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.68%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.8% to 94.2% and five year olds from 87.2% to 98.8% Flu vaccination rates (01/09/2013 to 31/01/2014) for the over 65s were 71.28% and at risk groups 48.83%, These were also slightly below national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 but one of the 15 patient CQC 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 also spoke with four patients and one member of the patient participation group. On the whole, patients told us they were satisfied with the service they received. Some commented that access to appointments was difficult. 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 similar to both the Clinical Commissioning Group (CCG) and the national average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 87%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)

- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% national average 90%).
- 77% 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 that 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 received enough information during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 88% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%)

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.

Written information was available to direct carers to the various avenues of support available to them.

GPs told us that they knew their patients well and if families had suffered bereavement, they offered patient specific support.

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 opened Monday until 8pm evening until for working patients who could not attend during normal opening hours. Patients also had access to routine GP appointments provided through the pilot scheme trialling seven day GP access. This meant patients could be offered appointment from four localities or 'hubs' within the Clinical Commissioning Group (CCG) from 6pm to 8pm and at weekends
- Longer appointments were available for people with a learning disability and the nursing team visited people at home as needed.
- Home visits were available for older patients or patients who were housebound.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice was part of the Macmillan Cancer Improvement Partnership (MCIP), which is a multi-agency partnership in Manchester. The aim of this is to improve patients' experiences and to deliver a more effective and compassionate standard of care. The practice provided a specific telephone number to patients with cancer so that they get telephone support and advice quickly.
- In house counselling services were provided to patients with mental health issues.
- The practice had achieved a gold award from Pride in Practice. The practice was supportive of people regardless of their sexuality and gender status.
- The lead GP for safeguarding was trained to respond and support victims of domestic violence and abuse.

Access to the service

The practice was open Monday 8.30am to 8pm and Tuesday to Friday 8.30am until 6pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them each day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them, although they struggled getting through to the practice by telephone. The practice was aware of this concern and had identified a problem with one of the four telephone lines not working. This was being investigated.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 73%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 64% patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 57% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

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

We looked at a sample of the complaints received by the practice. Letters to complainants acknowledged the complainant's concern, detailed the outcome of

Are services responsive to people's needs?

(for example, to feedback?)

investigations undertaken and offered an apology where appropriate. Where improvements in service quality were identified, action was taken and learning shared with the appropriate staff teams.

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's aims and objectives were to deliver high quality care and promote good outcomes for patients, employees and the wider local community.

- Staff spoken with knew and understood the aims and objectives of the practice and felt able to contribute to these.
- The GP partners were clear on how their plans to develop the service they provided although recorded business plans practice to reflect their plans was not recorded.

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, although some had not been reviewed within their due date.
- Staff had a good understanding of the performance of the practice, and an awareness of their contribution to this.
- Clinical and internal audits were undertaken. However, a planned programme of continuous clinical and internal audit would assist the practice to monitor quality and to make improvements.
- Systems were in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. All four partners had worked together at Tregenna Group Practice for 17 years. The partners prioritised continuity of care that was safe and of a high standard. Staff told us that the partners were approachable and always had time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. A specific Duty of Candour policy was not yet in place, however our review of significant events and complaints demonstrated that the practice was open and transparent and apologised when they got something wrong.

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

- Staff told us that the practice held regular (weekly and monthly) team meetings
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported 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 were contacted mainly through emails. The PPG was consulted on issues and the content of patient surveys. The practice told us that they changed the appointment system as a result of feedback. As a result, they said patient satisfaction with access to appointments had improved significantly.
- The practice had also 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 the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients such as the Macmillan Cancer Improvement

Are services well-led?

Good 

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

Partnership (MCIP) to improve patients' experiences and to deliver a more effective and compassionate standard of care. The practice worked closely with the Clinical Commissioning Group (CCG).