

Greenbank Medical Practice

Quality Report

Barley Clough Medical Centre
Nugget Street
Oldham
OL4 1BN

Tel: 0161 909 8370

Website: www.greenbankmedicalpractice.co.uk

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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 first carried out an announced comprehensive inspection at Greenbank Medical Practice on 3 June 2016. The ratings for this inspection were:

Safe – Inadequate

Effective – Inadequate

Caring – Inadequate

Responsive – Requires improvement

Well led – Inadequate

The overall rating for the practice was inadequate and the practice was placed in special measures. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Greenbank Medical Practice on our website at www.cqc.org.uk.

Following the inspection on 3 June 2016 two warning notices were issued to Greenbank Medical Practice relating to dignity and respect, and good governance. We carried out a follow up inspection on 7 October 2016 and found the practice had met the requirements of the warning notice.

This most recent inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 10 February 2017. Overall the practice is now rated as good.

Our key findings 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 been trained to provide them with 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 and easy to understand.

Summary of findings

- Patients said they usually 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.
- 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.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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.

- There was an effective system in place for reporting and recording significant events. Significant events were discussed with staff and regularly reviewed.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were usually at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several 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.

Good



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 vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. They had a virtual patient participation group, and had set up social media accounts.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All nursing homes in the practice area had a named GP with responsibility for its patients. All patients living in nursing or residential homes received a visit at least every six months so their care plans could be reviewed.
- Patients over the age of 75 were offered an annual health check that included a frailty check.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 91%. This was better than the CCG average of 87% and the national average of 90%.
- 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 77%, which was below the CCG average of 81% and the national average of 81%. Exception reporting for cervical screening was below average. A senior nurse had started to telephone patients prior to their first cervical screening appointment to explain the procedure if necessary and ensure the patients had no concerns. GPs told us they were looking at other ways to encourage patient to attend screening appointments, including texting patients prior to their appointment.
- 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.

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.
- Appointment times were flexible and the practice had appointments from 7.30am three mornings a week, and opened for a Saturday morning once a month.
- Telephone consultations were available.
- 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.
- There was a Facebook and Twitter account as a way of engaging with the community.

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 other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was one of only two in Oldham to offer the zero tolerance scheme for patients who had been removed from other practices due to violent or aggressive behaviour.

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).

- Performance for mental health related indicators was 83%. This was worse than the CCG average of 91% and the national average of 93%. The practice had identified that codes used in the management of patients with long term conditions had been incorrect. This meant that not all appropriate patients could be correctly identified and offered the required interactions. They had carried out an exercise to ensure all patients were correctly coded and this gave them assurance that patients were receiving appropriate interactions and being invited for a review of their condition at the correct time.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- 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 majority of patients on the mental health register had an up to date care plan.

Good



Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was usually performing in line with local and national averages. 364 survey forms were distributed and 107 were returned. This was a return rate of 29% representing 1% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients commented that GPs were professional and listened to them, staff were helpful and caring, and they were able to access appointments.

We spoke with nine patients during the inspection. One patient was attending for an appointment and eight had attended specifically to give feedback to CQC after receiving an email from the practice. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said they could usually access appointments when required.

Greenbank Medical Practice

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, a practice manager specialist advisor and an expert by experience.

Background to Greenbank Medical Practice

Greenbank Medical Practice is located in purpose built premises approximately one mile from the centre of Oldham. It is a two storey building with patients having access to both floors. There is a large car park and disabled parking is available.

At the time of our inspection there were 10,295 patients registered with the practice. The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

There were originally three GP practices in the building. Two practices, Glodwick Medical Practice and The Radcliffe Medical Practice merged in April 2014 to form Greenbank Medical Practice. In October 2015 The Addy Practice also merged with Greenbank Medical Practice.

There are five GP partners, three male and two female.

There are two nurse practitioners, four practice nurses, two healthcare assistants, a practice manager, a business manager, and reception and administrative staff.

The practice gender profile is similar to the national averages. There is a higher than average number of

patients under the age of 14, and a lower than average number of patients over the age of 50. Life expectancy is slightly under the CCG average, and there is a higher than average number of patients with a long term condition. The practice is in the most deprived decile.

Normal opening hours are 8am until 6.30pm Monday to Friday. The practice opens until 7pm every Tuesday, and until 8pm every other Tuesday. Appointments are available from 7.30am three times a week and these days vary. The practice closes at 1pm on the last Wednesday of every month.

There is an out of hours service available by phoning NHS 111. The out of hours provider is Go To Doc.

The practice is a teaching practice for medical students.

Why we carried out this inspection

We undertook a first comprehensive inspection of Greenbank Medical Practice on 3 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate.

We carried out a further comprehensive inspection of this service on 10 February 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements. The inspection was planned to check whether the provider is meeting the legal requirements 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 10 February 2017. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and administrative and reception staff.
- We spoke with eight patients, seven of which had attended specifically to give feedback to CQC.
- Observed how patients were being treated at the reception desk.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed policies and other documents held at the practice.

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

At our previous on 3 June 2016 we rated the practice as inadequate for providing safe services. GPs were unaware of the system to record new and locate previous significant events. There were no reviews of significant events and they were not always discussed with other clinicians within the practice. No evidence was kept of training for GPs. Insufficient attention was given to safeguarding, with no system to ensure clinical and non-clinical staff had been appropriately trained. Pre-employment checks were insufficient. Chaperones were not routinely offered to all patients having an intimate examination.

We found significant improvements in all these areas during the inspection of 10 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- Non-clinical 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. Clinical staff completed the required forms themselves and informed the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a flu vaccination was offered when it was potentially unsafe staff received updated training in coding. All significant events were

reviewed after three months to ensure learning actions were completed. Clinical and non-clinical staff told us there was a blame-free culture and they were encouraged to ask questions.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a safeguarding flowchart displayed in all consulting rooms. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- The GPs attended safeguarding meetings when possible. We saw evidence that safeguarding was discussed in team meetings and there were checks in place to ensure patients with safeguarding concerns were correctly read-coded.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files for staff who had been recruited since our previous inspection, and found appropriate recruitment checks had been undertaken prior to employment. These included evidence of identity, references, a full employment history, and appropriate checks through the Disclosure and Barring Service. The practice manager checked that clinicians were registered with the appropriate professional body and these checks were repeated periodically. Where locum GPs were employed all appropriate checks had been completed.

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. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were flexible and usually covered for each other when time off was required.

Arrangements to deal with emergencies and major incidents

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

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

The practice had a 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

At our previous on 3 June 2016 we rated the practice as inadequate for providing effective services. Patient outcomes were hard to identify as there was little or no reference to audits or quality improvement. There was minimal engagement with other providers of health and social care. Training was not monitored and few training records were kept. Health checks were not monitored or routinely offered.

We found significant improvements in all these areas during the inspection of 10 February 2017. The practice is now rated as good for providing effective services.

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 patients' needs. We saw evidence that NICE guidelines were discussed regularly in meetings.
- The practice monitored that these guidelines were followed. There was a lead GP who regularly updated clinical staff. Patient Safety Alerts were received by the practice manager who disseminated to all relevant staff by email.

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, for 2015-16, were 96% of the total number of points available, compared to the clinical commissioning group average of 95% and the national average of 95%. The exception reporting rate was 5%, which was lower than the CCG average of 7% and the national average of 10%. (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 2015-16 showed:

- Performance for diabetes related indicators was 91%. This was better than the CCG average of 87% and the national average of 90%.
- Performance for mental health related indicators was 83%. This was worse than the CCG average of 91% and the national average of 93%.

The practice had identified that codes used in the management of patients with long term conditions had been incorrect. They had carried out an exercise to ensure all patients were correctly coded and this gave them assurance that patients were receiving appropriate interactions and being invited for a review of their condition at the correct time. This included checking that the mental health register was accurate. We saw that of the 129 patients on the mental health register 86 had an up to date care plan and 91 had their alcohol consumption recorded.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Since the previous inspection the practice had put an audit programme in place. Administrative support ensured this was managed, with GPs receiving prompts when further action was required.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. We saw evidence that following a three cycle paediatric asthma audit there had been an improvement in patients adhering to guidelines in the use of their steroid inhalers (used to prevent asthma attacks) leading to a reduction in requests for short acting bronchodilators (used to relieve sudden asthma attacks).

Are services effective?

(for example, treatment is effective)

The practice was one of two practices in Oldham who were part of the zero tolerance schemes. This was for patients who had been removed from the list of other practices in Oldham due to the zero tolerance of abuse or aggression policy. These patients were usually seen during lunchtime

when the practice was quieter. A longer appointment, usually of 30 minutes, was provided. Patients were colour coded so reception staff knew what type of appointment to offer. For example, some patients benefitted from being seen when no-one else was in the practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, basic life support, health and safety and confidentiality. It also included a full introduction to the practice
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. They kept a record of training completed by clinical staff, and they monitored this to ensure it was repeated at the correct intervals.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 practice manager monitored the continuing professional development (CPD) of nursing staff.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Ad-hoc meetings were also arranged where necessary if a patient's care needed to be discussed more urgently. Community nurses and Macmillan nurses attended palliative care meetings. All patient deaths were reviewed and any issues relating to the end of life care required by patients was discussed.

A member of the community drug and alcohol team attended the practice for two sessions a fortnight. They saw patients by appointment who were prescribed substitute medicines for long term opioid dependence. Opioid dependency is an addiction to prescription painkillers or heroin. We spoke with the drug worker who explained they shared the care of these patients with the GPs. They provided counselling and support to help patients manage following prescribing by the GP. On the days they attended the practice they attended prior to seeing any patients so they could liaise with the GPs. There was an information sharing protocol in place and joint access to some parts of the practice's computer system enabled messages or alerts to be sent to GPs, for example if there was a prescribing concern.

Are services effective?

(for example, treatment is effective)

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 patient records audits.
- All clinicians had received training on the Mental Capacity Act 2005. We saw that patients under the age of 16 could request an appointment with a clinician without a parent being present, and there was a Gillick competency assessment for patients aged between 12 and 16.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Nurses and healthcare assistants gave advice to patients about smoking cessation and weight management, and patients were referred to schemes in the local area for specific support.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 81% and the national average of 81%. Exception reporting for cervical screening was below average. The practice nurse told us that if a patient did not attend an appointment for a cervical smear they telephoned them to encourage them to re-book. In addition, a senior nurse had started to telephone patients prior to their first cervical screening appointment to explain the procedure if necessary and ensure the patients had no concerns. GPs told us they were looking at other ways to encourage patient to attend screening appointments, including texting patients prior to their appointment.

Childhood immunisation rates for the vaccinations given were in line with or above the CCG and national averages.

Patients had access to appropriate health assessments and checks. New patients were invited in for a health check. NHS health checks had started to be coordinated and monitored with checks being offered to patients aged 40 to 74, and over 75. for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

There was a patient health pod in the waiting room. Instructions were in English, Urdu and Romanian. The health pod measured patients' blood pressure. There was the facility for this information to be transferred direct into the patients' medical record so a record could be kept and appropriate action taken.

Are services caring?

Our findings

At our previous on 3 June 2016 we rated the practice as inadequate for providing caring services. Information about services provided was available but not all patients could understand or access it. Interpreters were not used consistently, with GPs relying on relatives or other patients from the waiting room to provide the service. It was unclear what support was offered to bereaved patients.

We found significant improvements in all these areas during the inspection of 10 February 2017. The practice is now rated as good for providing caring services.

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.

All of the 19 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 nine patients. 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 usually felt they were treated with compassion, dignity and respect. The practice was usually in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 usually above local and national averages. For example:

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

Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Since the previous inspection a protocol had been put in place about the use of formal interpreters. Some GPs in the practice could speak languages such as Punjabi and Spanish. Where a patient did not speak English as a first language formal interpreters were arranged where necessary. Patients were able to have family or friends interpret if this was appropriate but clinicians were aware of when a formal interpreter was preferable. The practice manager monitored the use of formal interpreters to ensure clinicians used them in a consistent manner.
- Information was available in languages other than English and some notices in the waiting area were in languages spoken by patients.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice offered all carers an annual review and a flu vaccination.

The practice supported families and individuals who had suffered a bereavement, and the response was tailored according to the needs of the patient. Although sympathy cards were sent to some patients, it was recognised that this was not always appropriate. For some communities letters expressing sympathy were sent following a bereavement. A consultation with a GP was also offered where appropriate.

The practice had access to a multi-lingual counselling service. They told us this was particularly beneficial for patients who spoke Urdu or Punjabi as their first language.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous on 3 June 2016 we rated the practice as requires improvement for providing responsive services. The practice did not always meet the needs of the local population. For example GPs often relied on relatives or other patients to provide interpreter services. There was no information in the waiting room to inform patients how they could complain. Responses to complaints were not sufficient and there was no evidence of shared learning from complaints.

We found significant improvements in all these areas during the inspection of 10 February 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice was open from 7.30am three mornings a week. It was also open one Saturday morning a month, making it easier for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was one of two practices in Oldham who were part of the zero tolerance scheme. This was for patients who had been removed from the list of other practices in Oldham due to the zero tolerance of abuse or aggression policy. CCTV was available for this purpose.
- Each GP had responsibility for allocated nursing homes. These were monitored to ensure all relevant patients had a six month review.

- Patients with memory problems were given a courtesy reminder telephone call the night before an appointment.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available at various times throughout each day and there was flexibility with appointment times. The practice also had pre-bookable appointments from 7.30am three mornings a week, and it was open for pre-booked appointments on one Saturday morning each month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Telephone appointments with a GP or the advanced nurse practitioner were also available. We saw that urgent appointments were available on the day of the inspection and routine appointments were available in two working days' time. The practice manager monitored the availability of appointments. They had also recently completed an audit on demand for appointments. The results were awaiting analysis and would be repeated at least once a year.

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.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Although most staff were aware that there was flexibility with appointments and a protocol for staff to contact GPs if a patient needed to be seen urgently, one staff member told us they would advise patients to attend

Are services responsive to people's needs?

(for example, to feedback?)

the walk in centre if they had an urgent issue and there were no available appointments. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. There was a patient leaflet and information was also displayed in the waiting area. There was information about how to make a complaint available on the website, and this could be translated into different languages.

We looked at the complaints received in the last 12 months and saw that verbal and written complaints were recorded. A record was also made of informal concerns raised by patients who did not wish to make a formal complaint. These were dealt with according to the complaints' policy and were satisfactorily handled in a timely way with openness and transparency. We saw all complaints were discussed in full team and clinical meetings so lessons learned could be shared.

Are services well-led?

Good 

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

Our findings

At our previous on 3 June 2016 we rated the practice as inadequate for providing well led services. There was no clear leadership structure and no clear vision and strategy. Policies and procedures were not always followed. Although there were meetings for different staff groups no staff group had an overall understanding of the practice. Not all staff received regular performance reviews with one GP saying their appraisal was overdue and one nurse saying they had not had a formal appraisal for nine years. The practice had not proactively sought feedback from patients.

We found significant improvements in all these areas during the inspection of 10 February 2017. The practice is now rated as good for providing well led services.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a vision statement, and staff knew and understood the values.
- The practice had a robust 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team 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 and supported in doing so.
- 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.

Are services well-led?

Good 

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

- The practice had developed their virtual patient participation group (PPG) since the previous inspection. There was a large virtual PPG of 600 members. They were kept informed of practice changes by email. They had started to carry out surveys with the PPG and found they had a response rate of approximately 2%. Members of the PPG were asked to comment on survey results and we saw a meeting had been scheduled for a date following our inspection to discuss the most recent results. The practice manager explained they were looking at how they could interact with the PPG and their model could change.
- The practice had gathered feedback from staff through regular staff meetings and individual appraisal meetings. 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.

- The practice had set up a Facebook and Twitter account as a way to interact and engage with the wider practice population.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had worked together to find suitable solutions following the previous inspection.

The practice was a teaching practice for medical students from The University of Manchester.