

# New Bank Health Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Bank Health Centre

on 18 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a defined leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

### 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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

We saw evidence of an Infection Control Audit Tool including one for vaccine storage.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were about average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice satisfactory 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However patients had to wait about three weeks for a routine appointment with the named GP. The practice had good facilities and was well equipped to treat

Good



# Summary of findings

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.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a defined 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular appraisals and attended staff meetings.

**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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits, care home visits and rapid access appointments for those with enhanced needs. The practice has a Register of all patients over 75 years. This population group is allocated a named GP who is responsible for working with relevant associated health and social care professionals to deliver a multi-disciplinary care package that meets the needs of the patient and to ensure these patients have access to a health check. All patients over 75 years have been informed of their named GP.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Chronic disease management and patients at risk of hospital admission were identified as a priority. Extended appointments and home visits are offered for those on multiple disease registers. Patients with long term conditions have regular reviews undertaken and medication reviews annually. The Practice Nurse leads in diabetes management. New patients registering with the practice are invited to attend new patient health checks and they complete a health questionnaire. This enables the practice to identify patients with long term conditions and ensure they are seen by a GP for review.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

All staff had undertaken safeguarding children training to the appropriate level for their role. One of the GPs was the practice lead

Good



# Summary of findings

for Safeguarding. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Appointments and prescriptions could be booked online in advance. Telephone consultations were also available to patients who could not attend the practice.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients who were classed as vulnerable adults. The practice offered longer appointments for people with a learning disability. Annual health checks are offered to patients on the learning disability register and training support is available from the learning disability community team health facilitator to help provide care focused to their needs. Appointments are offered via 'carers' or by sending an appointment invitation letter adapted to patients with LDs. Home visits are also offered.

Translation services were available for patients whose first language was not English. Extended appointments may be given to those patients who may have language difficulties, but only if an alert is recorded on their notes.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice has 60 patients on the mental health register. Of those 91% have undergone a review and have a mental health care plan agreed. The practice offers face to face reviews for this population group. The practice regularly worked with multi-disciplinary teams in the case

Good



## Summary of findings

management of people experiencing poor mental health, including those with dementia. They also work with the community mental health team at a local independent hospital and rehabilitation centre to support patients who suffer from mental ill health.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. All clinical staff we spoke demonstrated an understanding of the mental capacity act.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing generally below local and national averages. There were 78 responses which represents about 1.6% of the practice population.

- 63% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 76% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 44% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 66% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.

- 83% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 56% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 61% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 44% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

We spoke with ten patients who used the service on the day of our inspection and reviewed 19 completed CQC comment cards. The patients we spoke with were generally complimentary about the service. Patients told us that they felt they were treated with respect. The majority of comments on the cards provided by CQC were complimentary about the service provided.



# New Bank Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

CQC Lead Inspector and a GP specialist advisor, practice nurse specialist advisor and an expert by experience who is a member of the public trained by the CQC, and who has direct experience of using services.

## Background to New Bank Health Centre

New Bank Health Centre has about 5,000 patients registered. It is part of and managed by the SSP Health group of practices and is overseen Central Manchester Clinical Commissioning Group (CCG). The population experiences higher levels of income deprivation affecting children and older people than the practice average across England. There are a lower proportion of patients above 65 years of age (1.9%) than the practice average across England (16.7%). There are a higher proportion of patients of working status (paid work or full-time education) (70.6%) than the practice average across England (60.2%).

There are two regular GPs (one male/one female), three locum GPs, supported by a practice nurse and a healthcare assistant, to provide clinical care to the patient population. There is also a practice manager, reception manager and a supporting administration and reception team. There is regular support for the practice from senior leadership team, including clinicians and managers, at SSP Health.

The practice delivers commissioned services under the Alternative Provider Medical Services (APMS) contract.

The practice is open between 8.00am and 8pm Monday and Thursday, 8.00am to 6.30pm Tuesday, Wednesday and Friday, and from 9am to 1pm on a Saturday. Appointments are available from 9am to 1pm, and 2pm to 6pm Monday to Friday and from 9am to 1pm on a Saturday.

Patients can book appointments in person or via the phone and online. Emergency appointments are available each day. GotoDoc provide urgent out of hours medical care when the practice is closed.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## How we carried out this inspection

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:

# Detailed findings

- 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)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 18 August 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

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

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children and a second GP was the deputy. This GP had been trained to level 3 safeguarding vulnerable adults and children. A member of the reception team managed the safeguarding information for the practice to ensure that any important information on safeguarding was shared in a timely manner. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that staff would 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). (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).
- 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 regular fire drills were carried out. 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead, supported by the healthcare assistant. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice should adhere to their policies and procedures for the management of the cold chain and ensure the storage of vaccines is consistently applied. For example we saw that some vaccines were stored on the bottom of the fridge and some were not in their original packaging. We also noted that the fridge monitoring audit documentation stated that all recorded temperatures were within the acceptable range of +2°C to +8°C.
- Regular medication audits were carried out with the support of the SSP Health pharmaceutical advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the staff files we reviewed showed that appropriate recruitment

## Are services safe?

checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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**

All staff received annual basic life support training. The practice had a defibrillator available on the premises and

oxygen with adult and children's masks. There was also a first aid kit and accident book 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. The practice had reciprocal arrangements with a local GP practice to maintain continuity of care for patients in the event of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Current results were 99% of the total number of points available, with less than 1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data demonstrated;

- Performance for diabetes related indicators was similar to expected for the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to expected for the national average.
- Performance for mental health related indicators was better than the national average apart from the percentage of patients diagnosed with dementia whose care had been reviewed in a fact to face review in the previous 12 months was similar to expected for the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been a number of clinical audits completed in the last two years. This included audits that were undertaken because of drug alerts that included one on simvastatin/amlodipine interaction. There were also clinical audits relating to patients with diabetes and chronic obstructive pulmonary disease (COPD). We saw these audits

demonstrated an effective response to any possible risk to patient safety. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

### 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.
- 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 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 received an appraisal within the last 12 months.
- Staff received training that included: safeguarding and domestic violence training, information governance, infection control, manual handling, equality and diversity and mental capacity awareness. Staff had access to and made use of e-learning training modules and face to face training. Staff were given protected time for training.
- We saw evidence that any Locum GPs used by the practice had all received an induction into the practice clinical and non-clinical routine ways of working. The locum GPs used by had been supporting the practice for a number of years.

### 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity

# Are services effective?

## (for example, treatment is effective)

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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or 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.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 comprehensive screening programme. The practice's uptake for the cervical screening programme

was over 85%, which was better than the national average of 81%. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98% and five year olds from 72% to 92%. These were below the national averages. An 'Early Years Fact sheet' which provided up to date information for new parents and children around vaccination schedules, breast feeding and cytology was available to patients.

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.

The practice produced a free newsletter for the patient population. We reviewed the Summer 2015 newsletter that included information on travel vaccinations, hay fever and other general health and practice information.

There was a Macmillan cancer information point at the reception for the benefit of those patients who required support from those services.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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.

The majority of the 19 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a satisfactory service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one members of the patient participation group (PPG) on the day of our inspection. 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.

The Friends and Family test for June indicated that about 90% of patients said they were extremely likely to recommend the practice to a friend or family member.

Results from the national GP patient survey from July 2015 showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was below average to what was expected for its satisfaction scores on consultations with doctors and nurses. For example:

- 68% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 65% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 77% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%

- 66% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 80% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 90%.
- 76% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 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 area in different languages for the benefit of those patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and were being supported, for example, by



## Are services caring?

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone and the practice

sent a letter of condolences to the family, carer or friends. This was followed up with a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Consultations sessions were booked at 10 minute intervals.
- The practice is open between 8.00am and 8pm Monday and Thursday, 8.00am to 6.30pm Tuesday, Wednesday and Friday, and from 9am to 1pm on a Saturday. Appointments are available from 9am to 1pm, and 2pm to 6pm Monday to Friday and from 9am to 1pm on a Saturday.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice is open between 8.00am and 8pm Monday and Thursday, 8.00am to 6.30pm Tuesday, Wednesday and Friday, and from 9am to 1pm on a Saturday. Appointments are available from 9am to 1pm, and 2pm to 6pm Monday to Friday and from 9am to 1pm on a Saturday. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally below the local and national averages. and for example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 63% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 56% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 61% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

Patients we spoke with on the day were able to get appointments when they needed them. However patients had to wait about three weeks for a routine appointment with the named GP. The practice also provided home visits to nursing home patients registered with the practice.

### Listening and learning from concerns and complaints

The practice had a 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. This included notices and a complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written complaints. We looked at all complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was a culture of openness and transparency by the practice when dealing with the complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear statement of purpose which was to provide people registered with the practice with a wide range of NHS primary medical services under the Alternative Provider Medical Services (APMS) contract. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly reviewed.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

### 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 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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership, openness and transparency

The leadership team from SSP Health and the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and practice manager were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The leadership team encouraged a culture of openness and honesty. Senior management from SSP Health were also regularly at the practice to offer their clinical and managerial support.

Staff told us that regular team meetings were held. We reviewed minutes of these 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, particularly by the GPs and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice and the leadership team 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met monthly and discussed proposals for improvements with the practice management team. They collected information by informally talking to patients at the practice. These included discussions on the online booking system. We reviewed the in house patient satisfaction survey data from March to May 2015 and in general the comments about the practice were favourable.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

### Innovation

The practice worked collaboratively with the Gaddum Centre. This is a provider of services to disadvantaged people in Greater Manchester who work with children, adults and families, and offer a range of services, listening, advising and supporting them to a stable future. The services provided include counselling, bereavement, carer support and a befriending service for socially isolated people over the age of 60.

The practice also worked with other community organisations including Manchester Central African Community, Manchester Deaf Centre, the Yaran Group and Manchester Sudanese Cultural Society to support the diverse mix of patient population within the practice.