

Alvanley Family Practice

Quality Report

**Woodley Health Centre
Hyde Road,
Woodley,
Stockport
SK6 1ND**

Tel: 0161 426 5757

Website: www.alvanleyfamilypractice.co.uk

Date of inspection visit: 10 August 2016

Date of publication: 12/09/2016

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 Alvanley Family Practice on 10 August 2016. Overall the practice is rated as good.

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

- The newly formed management team had worked with the whole staff team to identify a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with staff and stakeholders and was regularly reviewed and discussed with staff. The practice values of respect, openness, accountability and reasonableness were driven by the management team and embraced by all practice staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a strong commitment to supporting staff training and development.
- Feedback from patients about their care was consistently and strongly positive. Patients described the GPs and staff as caring and professional.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met people's needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

We saw two areas of outstanding practice:

Summary of findings

- The practice had been unsuccessful in getting volunteers for a patient participation group. As an alternative it had been successful in using social media as a communication strategy to engage with their patient population. The practice had established a Facebook page. This provided patients with an opportunity to keep themselves up to date and have their say about the service they received. The Facebook page had over 400 likes. Facebook statistical information identified that the practice responded to a Facebook posts typically within an hour.
- The practice had organised and facilitated new activities for their own patients such as Healthy

Walks and a support and advice drop in centre at the practice (Healthy Stockport) for both their own patients and other patients living within the local community.

The areas where the provider should make improvement are:

- Establish a programme of regular clinical audit and re-audit or quality improvement.
- Develop practice policies for the duty of candour and safeguarding adults.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Significant events and incidents were investigated and areas for improvement identified and implemented. The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although a planned programme of audit and re-audit would strengthen the practice's clinical governance.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice at a comparable level to other practices in the locality.

Summary of findings

- 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 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.
- Weekly visits to a local care home and to supported living accommodation service for people with a learning disability were undertaken by the same GP to ensure continuity of care.
- A practice nurse visited housebound patients with a long term health condition and those identified at risk of unplanned admission to hospital at home. They carried out an assessment and recorded a care plan with the patient and or their carer.
- Urgent appointments were available each day. Patients said they sometimes had to wait to get a routine appointment. The practice had reviewed its patient access and had looked at ways to improve this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice used social media such as Facebook to communicate with patients about days to day events at the practice, to provide information and to provide a means for patients to comments and ask questions about the service being provided.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice had had very few formal complaints but evidence was available that learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision 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.

Good



Summary of findings

- There was a fairly new and clear leadership structure in place. Staff confirmed that there had been a change in culture that meant they all felt valued and part of the team. The whole staff team had been involved in identifying the practice values of respect, openness, accountability and reasonableness (ROAR).
- Staff told us the new practice manager and head practice nurse had made significant impact in providing guidance, support and leadership to all team members
- 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, although a policy was still being developed. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example a practice nurse visited housebound and vulnerable patients at home to review their needs and agree a care plan.
- Weekly visits to a local care home were undertaken by the same GP to promote continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Regular Gold Standard Framework (GSF) or palliative care meetings were held and community health care professionals attended these. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life.

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.
- The practice's performance was comparable to the Clinical Commissioning Group (CCG) and the England average in all five of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014-2015.
- Longer appointments and home visits were available when needed.
- Patients were referred to community support and education initiatives such as Xpert patient.
- The practice had organised and facilitated new activities for their own patients such as Healthy Walks and a support and advice drop in centre at the practice (Healthy Stockport) for both their own patients and other patients living within the local community.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- Data showed that the practice performed similar to the CCG and England average for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years with 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 offered early morning appointments from 8am for GP and nurse appointments three mornings per week and late night appointments once a week until 8pm.
- Arrangements were also in place for patients to attend the local Out of Hours provider for routine appointments at weekends.
- The practice was one of the pilot sites for Stepping Hill hospital whereby a blood samples obtained in later afternoon were collected at 7.45pm. This meant people who worked could arrange to have their bloods taken later in the afternoon.
- 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.
- Online consultations were available (through Skype) if a patient preferred this.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- One GP visited patients living in supported accommodation for people with a learning disability and complex health needs to ensure continuity of care.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Data from 2014-15 showed that 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the Clinical Commissioning Group average of 87% and the England average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which reflected local and the England average.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. A total of 295 survey forms were distributed, and 103 were returned. This was a response rate of 35% and represented approximately 2.3% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) of 79% national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG 89% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG of 89% 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 of 83% 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 10 comment cards which were all positive about the standard of care received. We also received two 'share your experience' forms directly through the CQC website. The comment cards referred to GPs and staff by name and gave examples of where the practice had supported them with their health care needs. Patients said they had enough time to discuss their concerns that they felt listened to and involved in decisions about their treatment. One comment card referred to concerns about waiting up to a week for a routine appointment.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Both referred to having to wait on occasion for a routine appointment.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Establish a programme of regular clinical audit and re-audit or quality improvement.
- Develop practice policies for the duty of candour and safeguarding adults.

Outstanding practice

We saw two areas of outstanding practice:

- The practice had been unsuccessful in getting volunteers for a patient participation group. As an alternative it had been successful in using social media as a communication strategy to engage with their patient population. The practice had established a Facebook page. This provided patients with an opportunity to keep themselves up to date and have their say about the service they received.

The Facebook page had over 400 likes. Facebook statistical information identified that the practice responded to a Facebook posts typically within an hour.

- The practice had organised and facilitated new activities for their own patients such as Healthy Walks and a support and advice drop in centre at the practice (Healthy Stockport) for both their own patients and other patients living within the local community.

Alvanley Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and a second CQC inspector.

Background to Alvanley Family Practice

Alvanley Family Practice is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice is a partnership between two GPs. The practice has 4644 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average male life expectancy in the practice geographical area is 78 years and is reflective of both the England and CCG averages. Female life expectancy is 81 years which is below the CCG and England average of 83 years.

The GP partners (one male and one female) are supported by two female salaried GPs and one long term locum GP. The practice employs a business manager, a practice nurse lead, a practice nurse, a senior receptionist, and range of administration staff covering reception and secretarial roles and two apprentices. The practice was recruiting a health care assistant.

The practice reception is open from 8.30am until 6.30pm Monday to Fridays with late night appointments available with GPs and practice nurses until 8pm on Mondays. GP

and nurse appointments were offered from 8am on Monday, Tuesdays and Wednesdays and nurse appointments were also available from 8am on Fridays. The practice closed their telephone line on Wednesday afternoons and calls were routed to the Out of Hours provider Mastercall. Reception was open to patients who called in on Wednesdays and an afternoon surgery was available for planned routine appointments.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book appointments and order prescriptions.

The practice building is a modern building maintained by NHS Property Services. The practice is located on the first floor. There are also three other GP practices located on the first floor. Patients can access the first floor via the passenger lift. A hearing loop to assist people with hearing impairment is available. Limited car parking was available at the practice, but additional parking was available close by.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2016.

During our visit we:

- Spoke with a range of staff including both GP partners, the business manager, the reception manager, the lead practice nurse and a range of reception, administration and secretarial staff
- We spoke with two patients who used the service.
- We observed how reception staff communicated with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the business manager of any incidents and there was a recording form available on the practice's computer system.
- We reviewed safety records, incident reports, patient safety alerts and we saw evidence that lessons were shared and action was taken to improve safety in the practice. Staff told us of incidents that had occurred and how the learning from these had been shared. These included issues with prescriptions, patient parking and incorrect coding of treatments.
- Staff confirmed there was an open safe environment to raise issues. Evidence was available that demonstrated the practice responded and recorded appropriately notifiable incidents, however a duty of candour policy was in the process of being developed. (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 a thorough analysis of the significant events.

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. Children's safeguarding policies were available; however an adult safeguarding policy needed developing. Easy read flow diagrams were displayed which detailed the adult and children's safeguarding named contacts with telephone numbers. There was a lead member of staff

for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and practice nurses were trained to level 2. Staff we spoke with gave examples of where they had flagged potential safeguarding concerns to the safeguarding lead GP.

- 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. The majority of the staff had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice was maintained and cleaned by the NHS Property Services. The practice monitored the standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead 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. The lead practice nurse supplemented the annual infection control audit with three monthly audits which involved each staff member including GPs undertaking a self-assessment of their own consultation room and practice. The practice had been awarded "Most Improved Practice" for infection control in 2016. The local authority Infection prevention nurse assessed the practice in September 2015 and identified a number of areas requiring improvement, a reassessment in January 2016 showed the practice had made the required improvements and they scored 100% across all sectors of the audit.
- 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

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice landlord had supplied the practice of the building fire risk assessment and weekly fire alarm checks were undertaken. 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 copies of other risk

assessments in place for the premises such as 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

Arrangements to deal with emergencies and major incidents

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

- In addition each consultation room also had an accessible panic button.
- All staff received annual basic life support training.
- A defibrillator was available on the ground floor and this was accessible to all practices in the building. This was checked daily.
- Oxygen with adult and children's masks was 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.
- 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 was accessible to all staff within the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical meetings were monthly where new guidance or alerts were discussed.

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 from 2014 -2015 were 98% of the total number of points available. Clinical exception reporting overall was 7.7% slight higher than the CCG average of 5.8% but lower than the England rate of 9.2. (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. The practice achieved comparable percentages for all the QOF diabetic indicators for 2014-15 when compared to the CCG and the England averages. For example:

- Data for diabetic patients and the record of HbA1C blood tests in the preceding 12 months showed 85% of patients had received this compared to the CCG average of 80% and England average of 78%. However the exception reporting was also higher with the practice rate of 15% compared to the CCG rate of 8% and the England average of 12%.

- The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 68%. The CCG average was 80% and the England average was 78%.
- The record of diabetic patients with a record of foot examination recorded within the preceding 12 months was 96%, which was higher than both the CCG average of 85% and the England average of 88%.

Other data from 2014-15 showed the practice performance was also similar to the local and England averages. For example:

- 81% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to the CCG of 85% and the England average of 84%.
- 71% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG of 76% and the England average of 75%.
- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was slightly higher than the CCG average of 87% and the England average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was comparable to the CCG average of 91% and England average of 88%.

There was evidence of quality improvement including clinical audit.

- There were a number of clinical audits available. The practice was a training practice and usually supported two year 2 (FY2) trainee GPs. (FY2 are qualified medical practitioners undertaking a general postgraduate medical training programme including general practice training). The trainee GPs undertook the initial clinical audit however these audits had been re-audited. Evidence obtained from clinical re-audit is useful to establish the effectiveness of the action implemented following the initial audit. The practice manager confirmed within 24 hours of the inspection that The GP partners had been in consultation with the local Public Health England to establish a clinical audit programme.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Patients receiving different treatments such as disease-modifying antirheumatic drugs (DMARDs) or lithium were monitored monthly to ensure that they were receiving the required health checks such as blood tests. Patients at risk of developing diabetes (pre-diabetes) were also monitored and called in for regularly health checks.
- One GP had developed an easy read flow diagram for reception staff and clinicians to follow when a parent of a child under the age of 16 called the surgery. This detailed the action and steps each staff member needed to follow. The flow diagram had been shared with the CCG and subsequently shared with other GP practices in the locality.
- The clinical nursing team were up to date with the required specific training for administering vaccines and taking samples for the cervical screening programme the lead nurse provided a mentorship and support role to her fellow practice nurse.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice worked closely with a training provider to develop a Medical Administration Apprenticeship. Two apprentices were working at the practice. One of these had been shortlisted for the Apprentice of the Year for the North West Region in the small medium enterprise (SME) category. Another member of the staff team was also undertaking the apprentice training.
- 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 and basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a training practice for qualified doctors who were in their second year of foundation training. A structured schedule of support was in place to ensure patients received a good standard of medical care and the trainee GP doctors received opportunities to develop their skills.

Effective staffing

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

- The practice had a strong commitment to developing their staff team. The management team at the practice implemented a quality assurance system based on continuous improvement; integral to this was the empowerment of their staff team to contribute to the development of the practice.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the lead practice nurse was the lead for the management of patients with diabetes and identified with pre-diabetes. The lead nurse was also about to start additional training for the management of minor illnesses. The other practice nurse was the lead for patients with chronic respiratory illness such a Chronic Obstructive Pulmonary Disease (COPD) and had recently completed her ARTP training. (The Association for Respiratory Technology & Physiology (ARTP) provides nationally and professionally recognised, qualifications in Respiratory Function Testing and Spirometry in the UK.)

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.
- Comprehensive and regular monitoring of patients with different health and medical needs were monitored so that patients' needs were reviewed and recalled for reassessment in a timely manner. The practice was up to date in reviewing patients with care plans in place. 95% had been reviewed.

Are services effective?

(for example, treatment is effective)

- Systems to monitor and track the status of referrals and hospital discharges were maintained and responded to rigorously when issues were identified.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Positive working relationships were established with the midwife attached to the practice, with the diabetic nurse specialist team and the pulmonary rehabilitation team.

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. Multi-disciplinary team meetings with other health care professionals were newly established where patients with complex needs were reviewed.

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.

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 and. Patients were signposted to the relevant service.
- The practice was working with Healthy Stockport to provide an open door drop in service at the practice where patients and people living in the community get advice and signposting to support with lifestyle choices.
- The practice's uptake for the cervical screening programme was 82% which was comparable to the CCG and England average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data supplied from the National Cancer Intelligence Network (NCIN) indicated that the practice's screening rates for breast and bowel cancer reflected the CCG and England average.
- Childhood immunisation rates for the vaccinations given reflected the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 75% compared to the CCG rates of 93% to 79%. Data for five year olds ranged from 97% to 92% compared to the CCG range of 93% to 88%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the ten patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also received two 'share your experience' forms directly through the CQC website. Patients said they had enough time to discuss their concerns that they felt listened to and involved in decisions about their treatment. One comment card and one CQC 'share your experience' referred to concerns about waiting up to a week for a routine appointment.

We spoke with two patients during the inspection. We heard that staff were approachable, committed and caring. Both referred to having to wait on occasion for a routine appointment.

The practice had tried to recruit to a patient participation group (PPG) without much success. However the business manager had set up a Facebook page which had been a huge success. This enabled the practice to share information and update their patient population in real time. It also provided patients with an opportunity to respond or ask the practice questions. We saw evidence that patients also used the Facebook to raise concerns with the practice. One patient flagged up the unsafe parking of a car outside the building and as a result the business manager discussed the issue with the police and the local authority. The Facebook page had over 400 likes. Facebook statistical information identified that the practice responded to a Facebook post typically within an hour.

The Facebook page was also used by the practice to obtain feedback from patients. A link to patient survey was posted on there earlier this year and the page told patients of the up and coming CQC inspection and added the link to the CQC 'share your experience' page.

Results from the national GP patient survey (July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national data for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England 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 and included patient aspirations. We heard about one patient who wished to get out more. The practice nurse assisted the patients to register with the local ring and ride service to enable the patient to do this.

Are services caring?

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England 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. An online translation service was also available.

- A hearing loop system was available for those people with hearing impairment.

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

The practice sent patients a condolence card if they suffered bereavement.

The practice also sent out congratulation letters to families with new babies and included the baby's first appointment and instructions on how to register the baby at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered early morning appointments from 8am with a GP and a practice nurse three mornings per week and one evening per week until 8pm. In addition the practice offered patients routine appointments with the Out of Hours provider Mastercall at weekends.
- There were longer appointments available for patients with a learning disability or special health care needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A practice nurse visited housebound patients, those with a long term condition and patients at risk of unplanned admission to hospital and carried out an assessment and recorded a care plan with the patient and / or their carer.
- One GP carried out weekly visits to the care home allocated to the practice. This reduced the number of requests by the care home for urgent visits and ensured continuity of care for patients. Additional visits were provided in an emergency. The home worked closely with a palliative care coordinator and the GP and staff received training in the six steps to success in end of life care.
- One GP also visited weekly a number of patients with a learning disability who lived in supported accommodation. This provided continuity of care and established positive working relationships with the patients and their care team and the wider learning disability medical team based at the local hospital.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice promoted patient access to a range of community health care support initiatives including patient education programmes for the self-management of long term conditions such as diabetes.
- The practice was one of the pilot sites for Stepping Hill hospital whereby blood samples obtained in later afternoon were collected at 7.45pm. This meant people who worked could arrange to have their bloods taken in the later afternoon.
- The business manager was proactive in facilitating supportive initiatives for both the practice's patient population and the local wider community. They had arranged for Healthy Stockport to provide an open door drop in service at the practice where patients and people living in the community get advice and signposting to support with lifestyle choices including diet, alcohol and drugs use.
- A programme of weekly Walks for Health was arranged and advertised in the practice and on their Facebook page. The first walk was arranged for 7 September 2016 with a pre-planned route and a refreshments break with the neighbourhood social enterprise café.
- Patients were able to receive travel vaccinations available on the NHS.
- One GP partner was also a clinical advisor to the local hospital discharge consultant looking at ways to reduce the length of hospital stay for patients so mitigating the risks associated with the loss of independence.
- The business manager was the practice manager lead for the neighbour team of general practices

Access to the service

The practice reception was open from 8.30am until 6.30pm Monday to Fridays with late night appointments available with GPs and practice nurses until 8pm on Mondays. GP and nurse appointments were offered from 8am on Monday, Tuesdays and Wednesdays and nurse appointments were also available from 8am on Fridays. The practice closed their telephone line on Wednesday afternoons and calls were routed to the Out of Hours provider Mastercall. Reception was open to patients who called in on Wednesdays and an afternoon surgery was available for planned routine appointments.

Are services responsive to people's needs?

(for example, to feedback?)

Patients could pre-book appointments up to four weeks in advance; urgent appointments were also available for people that needed them. Telephone consultations were available each day and the practice had facilities in place to undertake video or Skype consultations. However to date no patient had agreed to the use of this.

The practice carried out a short appointment demand audit in January 2016 because staff had identified increasing demand for urgent appointments on Thursdays. The audit identified that there was a need for more urgent appointments. The appointment system was adjusted to accommodate the increase in patient demand.

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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the England average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the England average of 73%.

Two patients told us they could get urgent appointments on the day but had to wait up to a week for a routine appointment.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. 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. An easy read flow diagram was in place for staff to follow when a parent rang up requesting an appointment for a child.

Listening and learning from concerns and complaints

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

- The 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
- The practice had received one written complaint just over 12 months previously. This had been responded to appropriately in a timely way, with openness and transparency. The complaint investigation and response to the complainant contained an apology, detailed the reflective practice and changes the practice had made to minimise the risk of re-occurrence.

The business manager used all issues and concerns identified by patients as an opportunity to develop and learn. A log of issues, complaints and incidents was maintained and this detailed briefly the response and action taken by the practice. Issues identified by patients through the Facebook page were also responded to and logged.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had gone through a period of change in the last 18 months. There was a new management structure with emphasis on delegated leadership and this had led to culture change whereby the whole staff team were included in the practice's development.
- The practice had a clear vision to deliver high quality care and promote good outcomes for its patients. The practice's mission statement had been discussed and agreed by the staff team and stated, 'To offer the highest standard of patient centred healthcare to all our population in a safe environment while developing the skills and services to stay current and competent'. The practice's information brochure welcomed patients and stated 'Personalised healthcare for you and your family'. The practice values of respect, openness, accountability and reasonableness were driven by the management team and embraced by all practice staff we spoke with.
- A comprehensive business plan was being implemented and this underpinned the practice's strategy to deliver a quality service and reflected the vision and values. This was monitored regularly.

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:

- Practice specific policies were implemented and were available to all staff. The business manager had had a business safety evaluation assessment undertaken in October 2015 and was working through the action plan to ensure all systems and supporting policies and procedures were in place and up to date.
- All staff had an understanding of the performance of the practice and were committed to improving the service they provided.
- There were distinct leadership roles within the practice with a clear staffing structure.

- The practice encouraged inclusive team work and all staff had been allocated specific areas of responsibility and leadership. Staff were aware of their own roles and responsibilities and how they contributed to the effectiveness of the service they provided.
- Clinical governance procedures were well established and monthly clinical governance meetings were undertaken.
- A programme of continuous internal audit which included significant event analysis and patient feedback was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were reviewed regularly.
- The practice engaged with the Clinical Commissioning Group (CCG) and attended meetings to contribute to wider service developments.

Leadership and culture

On the day of inspection the partners and business manager 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.

A specific Duty of Candour policy was not yet in place, however our review of significant events and responses to patient issues demonstrated that the practice was open and transparent and apologised when they got something wrong. (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). 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.

Are services well-led?

Good 

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

- 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 management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The management team were proactive in supporting staff to undertake training to develop their skills and abilities.
- The practice has been shortlisted in the National general Practice Awards for 2016, in three categories including Practice Team of The Year, Clinical Team of the Year –Diabetes and Practice Manager of the Year.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had attempted and continued to try to recruit to a patient participation group (PPG) without much success. The business manager had set up a Facebook page for the practice. This enabled the practice to share information and update their patient population in real time about any practice and local issues. The Facebook page also enabled patients to contact the practice, to respond to feedback or ask the practice questions. The Facebook page had over 400 likes. Facebook statistical information identified that the practice responded to a Facebook post typically within an hour.
- The Facebook page was also used by the practice to obtain feedback from patients. A link to a patient survey was posted on there earlier this year. The practice received 40 responses. A paper copy of the survey was also available from the practice and they received 10

written responses. The feedback from the patient survey helped the practice identify priorities for 2017 – 2018 and these included looking at patient appointments and, identifying way to communicate with patients who don't use the internet

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

Continuous improvement

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

- The practice was a long standing teaching and training practice, both partners were trainers.
- The practice recognised future challenges and areas for development including improving the skill mix of the clinical nursing team and reviewing the number of appointments that GPs provide for each session.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk and vulnerable patients. Informal but productive working relationships had been developed with the midwife and district nursing teams located close to the GP practice.
- The practice was initiating and facilitating ways to support both their patient population and the wider community by arranging visits from Healthy Stockport to provide an open door drop in service for people to get advice support and organising a weekly Walks for Health programme.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.
- The practice worked closely with the Clinical Commissioning Group (CCG).