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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mauldeth Medical Centre, 112 Mauldeth Road, Manchester M14 6SQ on 7 July 2015. During the inspection we identified breaches of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of Medicines and Regulation 17 HSCA (RA) Regulations 2014 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The breaches resulted in the practice being rated as requires improvement for being safe, effective and well-led and good for being caring and responsive. Consequently the practice was rated as requires improvement overall. The full comprehensive report on the July 2015 inspection can be found by selecting the 'all reports' link for Mauldeth Medical Centre on our website at www.cqc.org.uk.

At this announced comprehensive inspection on 10 April 2017 we checked whether improvements had been made since our inspection in February 2016.

We found improvements had been made in respect of;

Safe

- There was documentary evidence that emergency medicines were checked to ensure they were in date and fit for use.
- The process for managing medical alerts had been improved.

Effective

- The practice had developed a policy in relation to coding / summarising patient records. However, we did not see an effective process in place to quality assure coding work completed.

Well-led

- The practice manager had attended a leadership course and now carried out management and administration duties only.
- Systems relating to recording and sharing information and monitoring outcomes for patients had been improved since the last inspection.

At this inspection carried out on 10 April 2017 our key findings were as follows:

Summary of findings

- Clinical audits were carried out; however we did not see any systems in place to analyse and review these audits.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice policies and procedures had been reviewed within the last 12 months, these were in line with current guidance and available to staff.

- Staff were aware of current evidence based guidance. Staff had access to an on-line training programme to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
  - Patients we spoke with said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, some patients did report difficulties booking appointments by telephone.
  - There was a clear leadership structure and staff felt supported by management. Each GP and senior member of staff had defined clinical responsibilities in different areas such as child protection and adult safeguarding, elderly care and information governance.
- The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure there is an effective recall system for patients with long term medical conditions and for patients prescribed specific high risk medicines in order to undertake appropriate health checks in accordance with NICE guidance.
- The practice must review their arrangements for clinical audit to demonstrate audits comprise of two or more cycles in order to monitor improvements to patient outcomes.

The areas where the provider should make improvement are:

- Review arrangements in place to ensure that patients with caring responsibilities are identified, so their needs are identified and can be met.

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?

Good

At this follow up inspection the practice is rated as good for providing safe services.

Since the last inspection on 7 July 2015 there had been improvements in the arrangements in how medicines were assessed and managed including the process for dealing with medicine alerts.

The specific concerns identified at the inspection in July 2015 were:

- Medicines kept in case of an emergency were regularly checked although the date of the check was not recorded.
- A clear audit of the prescriptions used by GPs was not in place which meant they could not be tracked if missing or stolen.
- Vaccines were not stored safely. The fridge which stored the vaccines was not hardwired to the mains; rather it was connected via a bank of plugs which meant it could be switched off accidentally.

At this inspection we found:

- Vaccines were safely stored in a fridge that was hardwired into the mains to ensure the fridge could not be accidentally switched off.
- A record of prescriptions issued to GPs was kept.
- Emergency medicines were checked to ensure they were in date and safe to use and a record of these checks was maintained to show who had carried out the check and the date.
- Risks to patients were assessed and well managed however the arrangements for managing prescribed medicines in the practice needed improving.
- We saw infection control audits had been undertaken.
- When things went wrong the practice had in place a policy to ensure 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.
- Those staff carrying out chaperone duties had attended training and had a disclosure and barring service (DBS) check in place.

Summary of findings

Are services effective?

Requires improvement

At this follow up inspection the practice is rated as requires improvement for providing effective services.

Since the last inspection on 7 July 2015 there had been some improvements in relation to policies and procedures and recording of staff training. However, further improvements to the patient recall systems were needed.

The specific concerns identified at the inspection in July 2015 were:

- A more robust appointment recall system needed to be introduced.
- Clinical audits were completed however; evidence had not been collected for the review of these audits.
- The practice did not have a coding / summarisation policy, and there were no processes in place to quality assure coding work completed. It was not possible to establish clearly what training each staff member had completed in this area.

At this inspection we found:

- There was not an effective system in place to monitor patients with chronic long term health conditions.
- The practice could not demonstrate appropriate checks such as regular blood tests, were carried out to monitor those patients who were prescribed high risk medicines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had carried out three audits two of these were two cycle audits. However, these were not linked to patient outcomes or monitored for effectiveness.
- 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.
- The practice had produced a coding/summarising policy. However we found a number of patients with long term health conditions had not been correctly Read coded. (A Read code is the letter and number code that uniquely identifies the patient's condition).

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it relatively easy to make appointments when they need one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

At this follow up inspection the practice is now rated as good for providing well-led services.

The specific concerns identified at the inspection in July 2015 were:

- More detailed information needed to be recorded about significant events that took take place.
- A more robust appointment recall system should be introduced.
- Full audit cycles should be carried out.
- Patient test results should be reviewed by a clinically competent professional.
- The practice should improve the uptake of cytology testing, medicines management and the process for dealing with medicine alerts.

At this inspection we found:

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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

Good

- Staff were able to recognise the signs of abuse in older patients and described the process for how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Home visits were provided when necessary.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice worked closely with the 'neighbourhood team' this is a multi-disciplinary team who met regularly to discuss patients with complex care needs. Meetings were regularly held with MacMillan nurses to discuss patients who needed end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example; district nurses and Macmillan nurses.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible such as; healthy eating and keeping active.
- Some older patients with long-term health conditions were not receiving appropriate reviews.

People with long term conditions

Good

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 52% of patients with diabetes, on the register, who had IFCCHbA1c of 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) in comparison to the clinical commissioning group (CCG) and national average of 78% and 78% respectively.

Summary of findings

- 84% of patients with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) which was similar to the CCG and national average of 86% and 90% respectively.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP however, there was not an effective system in place to recall patients for a structured annual review to check their health and medicines needs were being met. For example; published data for 2015/16 showed 10 patients with chronic kidney disease (CKD). We carried out a search and identified 87 patients were in fact being treated for CKD. We saw one patient had not had any blood or urine samples tested since 2015.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice's uptake for the cervical screening programme was 64% (2015/2016), which was worse than the CCG average of 82% and the national average of 81%.

Summary of findings

Working age people (including those recently retired and students)

Good

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- Appointments were available from 8.30am to 8.00pm and could be booked 6 months in advance via telephone or online with a doctor of patients' choice. GPs and the practice nurse were available for telephone consultations each day and GPs answered patient email enquiries. The practice was open until 8.00pm two evenings a week. A blood test clinic was available two mornings a week to support working patients.
- 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.
- GPs referred patients who were students to the Manchester University counselling service for their emotional care needs. The Owens Park site is part of Mauldeth Medical Practice and is located in the ground of Manchester University. Staff based there supported students enrolled at the university.

People whose circumstances may make them vulnerable

Good

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients living with dementia.
- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the clinical commissioning group (CCG) and national average 86% and 84% respectively.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example a nominated GP from the practice visited a local residential home twice a week.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses whom had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) which was above the CCG and national average of 86% and 89% respectively.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (01/04/2015 to 31/03/2016) which was higher than the CCG and national average of 87% and 89% respectively.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above local and national averages. A total of 366 survey forms were distributed and 34 were returned. This represented a 9.3% response rate and 0.5% of the practice population.

- 84% of patients described the overall experience of this GP practice as good which was comparable with the CCG average of 84% and the national average of 85%.
- 91% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area which was below the CCG and national average of 77% and 79% respectively.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. The majority of respondents rated the overall service provided as excellent or very good.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients told us it was difficult to get through to the practice on the telephone.

Mauldeth Medical Centre

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.

Background to Mauldeth Medical Centre

Mauldeth Medical Practice is based in Fallowfield, Manchester. The practice is located in a shopping street with limited parking available to the front of the practice and a large car park off a side street opposite the practice. Consulting rooms are located on the ground and first floor of the practice.

The practice has a large percentage of patients who are students and fall within the age group of 18-25 years of age. There is a small percentage of patients who are older adults and a small percentage of patients from an ethnic background. The practice provides a range of medical services including health checks for patients over 50 years of age, diabetic screening, asthma monitoring, a smoking cessation clinic, and sexual health advice.

The staff team includes two GP partners, both male, a part time practice nurse, and supporting administrative staff which includes a practice manager, an administrator and four receptionists.

The practice is open Monday and Tuesday from 8.30am to 8.00pm and from 8.30am to 6.00pm on Wednesday, Thursday and Friday. Patients can book appointments in person, on-line or by telephone. The practice provides telephone consultations, pre bookable consultations, same day (advanced access) appointments and home visits to patients who are housebound or too ill to attend the practice. Information was available on the practice website about who patients should contact when the practice is closed.

The practice is part of Greater Manchester Clinical Commissioning Group. It is responsible for providing primary care services to 6254 patients approximately 4000 of these were university students. The practice has a General Medical Services contract.

Why we carried out this inspection

We undertook a comprehensive inspection of Mauldeth Medical Centre on 7 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, responsive and well led services.

We issued requirement notices to the provider in respect of management of medicines and good governance. The full comprehensive report on the July 2015 inspection can be found by selecting the 'all reports' link for Mauldeth Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up inspection on 10 April 2017 to check that action had been taken to comply with legal requirements.

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 such as the clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 10 April 2017. During our visit we:

- Spoke with a range of staff; a GP partner, practice manager and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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.

Good

Are services safe?

Our findings

At our previous inspection on 7 July 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of patient safety alerts were not adequate. A log of medical alerts was not kept and there was no evidence of work completed in this area or for the most recent medication alerts.

These arrangements had significantly improved when we undertook a follow up inspection on 10 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

We informed South Manchester Clinical Commissioning Group we were planning to conduct an inspection at the practice and they did not report any concerns to us about the safety of the service.

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. There was a system of monitoring patient safety alerts to demonstrate that action had been taken relevant to the alert, after they were disseminated within the practice.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Safeguarding flow charts detailing the referral process were displayed in offices, treatment and consulting rooms.
- One of the GPs took the lead for safeguarding and the staff we spoke with were aware of the lead GP in this area and who to speak to in the practice if they had a safeguarding concern. The GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Safeguarding concerns were recorded in the patients' medical records, and patients' health care needs and safety were discussed during practice meetings as necessary. If there were concerns relating to a parent routine checks were also made on the well-being of any children.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three. All non-clinical staff had achieved level one or level two.
- A notice in the waiting room advised patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were clinical and non-clinical cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.
- Annual IPC audits were undertaken and we saw evidence that action was taken to address any

improvements identified as a result. The most recent audits were carried out in September 2016 and December 2016. In addition a hand hygiene audit had been conducted.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the Greater Manchester Medicines Management Group (GMMMG) pharmacist. The practice worked closely with the CCG pharmacist with regard to medicines management. Medicines management ensured the most cost-effective prescribing in primary care. At the time of this inspection we saw evidence to demonstrate that current savings were in the region of £27.000. The practice manager had developed a 'practice plan on a page' to identify ways in which the practice could maintain or improve on these savings.
- There were processes for handling repeat prescriptions. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- 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 the practice nurse to administer medicines in line with legislation.

We reviewed four personnel files for staff that had been employed at the practice for a number of years and found appropriate recruitment checks had been undertaken prior to employment. The practice manager ensured all the necessary documents were in place for any new staff. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all areas which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. (A defibrillator is used in the event of a cardiac arrest).
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- All the medicines we checked were in date and stored securely. Medicines were regularly checked and the date of the check was recorded. Adrenalin was kept at Owens Park (Manchester University) as part of a shock pack for immunisations.
- The practice had a comprehensive business continuity plan for major incidents such as power failure, water ingress or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 July 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect of monitoring outcomes for patients were not adequate. The practice did not have a formal appointment recall system in place for patients with chronic diseases. In addition patient test results were not reviewed by a clinically competent professional. The uptake of cytology testing was poor.

There had been some improvements when we undertook a follow up inspection on 10 April 2017. However, the practice is still rated requires improvement for providing effective services.

- 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, those reviewing patients with long-term conditions had received training in areas such as respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurse.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Management, monitoring and improving outcomes for people

- The practice did not have an effective recall system that ensured patients prescribed high risk medicines had the appropriate health checks carried out in accordance with NICE guidance. For example; published data identified 10 patients diagnosed with chronic kidney disease (CKD). We carried out a search of patient records and found there were actually 87 patients being treated for CKD. This meant these patients were not included in the chronic disease management recall system. Patients with CKD should have regular routine blood tests to check kidney function. One of the partners told us this was a Read coding issue and would be addressed immediately. (A Read code is the letter and number code that uniquely identifies the patient's condition).
- We conducted a search of patients prescribed DMARDs (Disease modifying anti-rheumatic drugs) we found one patient who was prescribed Methotrexate (a medicine prescribed for rheumatoid arthritis) had not had a blood test since January 2016. NICE guidance recommended three monthly blood tests for patients taking Methotrexate. One patient prescribed Spironolactone (a diuretic) and renin-angiotensin system drugs (a medicine used in the regulation of the plasma sodium concentration and arterial blood pressure) had not had a blood test since July 2012. Patients prescribed this medicine should have their potassium levels and renal function monitored on a regular basis. We found patients were issued prescriptions for these medicines despite the required blood tests not being carried out which had the potential to compromise patient safety. Following the inspection the practice provided evidence to demonstrate that they had conducted an audit of patients prescribed DMARDS. There were 16 patients in total prescribed DMARDS and eight of these patients were identified as requiring blood tests. The practice told us all eight patients had been called into the practice for a blood test. These medicines have been taken off the repeat prescribing list and alerts added to patient records to ensure they were appropriately monitored.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

recent published results were 93% of the total number of points available which was similar to the clinical commissioning group (CCG) average of 94% and national average of 95%.

Performance for diabetes related indicators was similar to or below the CCG and national averages. For example;

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016), was 52% which was significantly below the CCG and national average of 78%.

Performance for mental health related indicators was above the CCG and national averages. For example;

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 100% in comparison to the CCG and national average of 86% and 89% respectively.

Performance for long term conditions health related indicators were below the CCG and national averages. For example;

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2015 to 31/03/2016) was 84% which was similar to the CCG and national average of 86% and 90% respectively.

There was evidence of some quality improvement work having been undertaken. There had been two clinical audits commenced in the last two years, one was a completed audit in relation to appointment demand. However, there was little evidence to show audits were linked to patient outcomes or monitored for effectiveness.

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.
- From the examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and signposted those to relevant services. 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. The practice also offered services for people who needed travel vaccinations, sexual health advice and immunisation advice.

Requires improvement

Are services effective?

(for example, treatment is effective)

Published data for 2015/2016 showed the practice's uptake for the cervical screening programme was 63%, which was worse than the CCG average of 82% and the national average of 81%. During the inspection the practice provided unverified data to show that up to 31 March 2017 the uptake had increased to 78%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were worse than CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 66% to 76% and five year olds from 61% to 72% (CCG and national average 85% to 94% and 93% to 97% respectively).

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a person-centred culture. Staff were compassionate and promoted peoples' dignity and care was provided close to home. Relationships between patients who used the service, those close to them and staff were strong, caring and supportive. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Privacy screens were provided for examinations and a quiet room was available for patients if they wanted to talk to reception staff in private.
- 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 46 patient 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.
- All of the comment cards highlighted that staff responded compassionately and respectfully when patients needed help and staff provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's achievement was similar to or worse than the clinical commission group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurse. For example:

- 65% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 88%.
- 80% of patients said the GP gave them enough time in line with the CCG average of 89% and the national average of 86%.
- 82% of patients said they had confidence and trust in the last GP they saw which was worse than the CCG average of 92% and the national average of 92%.
- 54% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 86% and 85% respectively.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 89% and 90%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

- The practice provided facilities to support patients for example; one of the partners spoke several languages.
- Staff told us that translation services were also available for patients who did not have English as a first language.
- We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Results from the national GP patient survey published in July 2016 showed patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were either in line with or below local and national averages.

For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments which was below the CCG average of 88% and the national average of 86%.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care which was worse than the CCG and national average of 83% and 82% respectively.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85% and 85% respectively.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Referrals were made to local mental health services that provided face to face and telephone support. Patients were directed to citizens' advice bureau for financial advice. Staff worked with the local counselling service at Manchester University as part of the services provided at the Owen Park site. Patients who were students were monitored, and vulnerable patients were quickly identified with support services offered as needed.

The practice had identified 11 patients as carers, which represented less than 1% of the practice list. The practice used their register to improve care for carers, for example, carers were offered flexible appointment times.

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.

Emotional support was provided to patients who experienced bereavement. An appointment with a GP was offered to relatives and during home visits, family care needs were reviewed for patients who were receiving end of life care.

Good

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 had a good understanding of their unique population.

- The practice held surgeries at the Manchester University Owens Park campus for their student patients to access health care easily.
- The practice offered evening appointments until 8pm on Monday and Tuesday for working patients who could not attend during normal opening hours.
- After school appointments were available for children.

GPs met with a range of health care professionals through the Neighbourhood Team to discuss and implement strategies to support patients with complex and high risk health care needs. The practice worked closely with community nurses and Macmillan nurses.

The services provided took account of the patients' needs including those in vulnerable circumstances. Reception staff were alerted via the IT system to patients who failed to collect prescriptions, and clinical staff were notified of this information as appropriate.

Links were maintained with the Manchester University counselling service to support students who experienced mental health problems. The practice offered same day appointments for these patients when needed.

Access to the service

The practice was open Monday and Tuesday from 8.30am to 8.00pm and from 8.30am to 6.00pm on a Wednesday, Thursday and Friday. Patients could book appointments in person, on-line or by telephone. The practice provided telephone consultations, pre bookable consultations, same day (advanced access) appointments and home visits to patients who were housebound or too ill to attend the practice. Information was available on the practice website about who patients should contact when the practice was closed.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 72% and 76% respectively.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 63% and 73% respectively.
- 77% of patients felt they don't have to wait too long to be seen compared to the CCG and national average of 59% and 58% respectively.
- 94% of patients said the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to the CCG and national average of 71% and 76% respectively.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a summary leaflet which was available within the practice.

Are services well-led?

Good

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

Our findings

At our previous inspection on 7 July 2015, we rated the practice as requires improvement for providing well-led services as the arrangements in respect good governance were not adequate.

These arrangements had improved when we undertook a follow up inspection on 10 April 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice vision was to deliver high quality care and promote good outcomes for patients.

• The practice had a mission statement staff knew and understood the values.

• The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored.

The GP told us there were plans to move to new premises in the next couple of years.

Governance arrangements

At the inspection in July 2015 we found more detailed information needed to be recorded about significant events that took place and improvements were needed to the way infection control within the practice was managed.

At this inspection we found a practice nurse had been recruited and was nominated lead for infection prevention and control. Two infection control audits and a hand hygiene audit had been carried out in August and December 2016 and changes made where necessary.

We saw three significant events had been recorded these were discussed and investigated by the practice manager and a GP.

We found that systems were in place to ensure good communication and staff support was positive. We saw documentary evidence to show that regular practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

- 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 was maintained
- We saw two audits had been carried out in the last 12 months one these was a full cycle audit. However; it was not clear how these had improved patient outcomes.
- Following this inspection the practice submitted evidence to demonstrate that an audit of 17 two-week wait referrals covering a three month period had been conducted. This showed that patients referred on to secondary care (hospital) for investigations were seen within the national two-week wait timescales in line with NICE referral guidelines for suspected cancers.
- All new members of staff were provided with a staff handbook which was produced by the practice in-house.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The GP spoken with told us that QOF data was regularly discussed, and action plans were produced to maintain or improve outcomes.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. An on-line training system had been provided to support staff in their roles. The practice manager was responsible for managing staff performance and carrying out staff appraisals.

The partners and practice manager held lead responsibilities for different areas such as; recruitment, finance, management of long-term conditions and safeguarding.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically or in a paper format.

Leadership and culture

Staff told us there was an open culture within the practice and they had the opportunity to raise any concerns, suggestion or issues at team meetings and felt confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the GPs and practice manager.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

Are services well-led?

Good

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

things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and/or written apology.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Complaints and compliments received.
- The practice website provided patients with an opportunity to express their views of the service though patient questionnaires and the Friends and Family Test. The Friends and Family Test is a patient survey which askes patients how likely they are to recommend the surgery and services to friends and family.
- Staff through 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

The practice manager had submitted their final assignment for a leadership and management qualification and was awaiting a result. They planned to put their learning into practice by developing a system of non-medical referrals to improve wellbeing such as signposting patients to community support services.

The practice manager had plans to nominate a team member to promote and support a more active patient participation group (PPG) so patients had a voice within the practice. A PPG is a group of patients who work with the GP and practice staff to review the services provided and help find ways of improving these services to promote health and improve quality of care.

The practice had taken into account the needs of its patients and was looking at ways to improve services provided. For example, looking at the introduction of online/email consultations as an effective alternative for patients. The practice manager told us this was an agenda item for discussion at the next practice meeting.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to identify, assess and take mitigating action in respect of risks associated with failing to operate an effective recall process for patients prescribed high risk medicines.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to monitor the effectiveness of clinical audit or other quality improvements to improve patients care and treatment