

Medlock Vale Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Medlock Vale Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Medlock Vale Medical Practice on 22 November 2016. Overall the practice is now rated as good.

The practice had been previously inspected on 9 April 2015. Following that inspection the practice was rated overall requires improvement with the following domain ratings:

Safe – Requires improvement

Effective – Requires improvement

Caring – Requires improvement

Responsive – Requires improvement

Well-led – Requires improvement

The following requirement notices were issued as the practice was not meeting the legislation in place at that time for the following:

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment

- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

Following this re-inspection on 22 November 2016 our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- In general patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they can make an appointment with a named GP but some said they have to wait several days for this appointment. Urgent appointments were available the same day. Some patients commented that it was difficult to get through on the phone during peak times.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Consider appraisals for nursing staff to be undertaken by a clinician.

- Continue to monitor the appointments system in particular telephone access for the patient population for both on the day and prebookable appointments, and investigate ways to increase appointment availability.
- Review the rationale for holding controlled drugs in the practice and consider their removal and appropriate destruction in accordance with medicines management principles.
- Develop ways to increase the number of carers that the practice has registered to ensure that they receive appropriate support.
- Consider other key members of staff holding a copy of the practice business continuity plan at home.

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. On this inspection we reviewed evidence that demonstrated how they had improved their practices in relation to this question since the last inspection.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. On this inspection we reviewed evidence that demonstrated how they had improved their practices in relation to this question since the last inspection.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below the Clinical Commissioning Group (CCG) and national averages however we saw evidence the practice was proactively addressing this.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. On this inspection we reviewed evidence that demonstrated how they had improved their practices in relation to this question since the last inspection.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- In general 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. On this inspection we reviewed evidence that demonstrated how they had improved their practices in relation to this question since the last inspection.

- 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 can make an appointment with a named GP but some said they have to wait several days for this appointment. Urgent appointments were available the same day. Some patients commented that it was difficult to get through on the phone during peak times.
- 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

Good



Are services well-led?

The practice is rated as good for being well-led. On this inspection we reviewed evidence that demonstrated how they had improved their practices in relation to this question since the last inspection.

- 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 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.

Good



Summary of findings

- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The management team encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had hospital admission avoidance care plans and maintained a list of list of vulnerable patients.
- All patients had a named GP, but were informed they can book appointment with GP of their preference.

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. All nurses had received training in managing asthma, chronic obstructive pulmonary disease (COPD), diabetes and hypertension.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients in this population group were proactively recalled for reviews.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw 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 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.
- The practice offered telephone appointments for those patients who could not get to the surgery during regular working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice 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.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the CCG average of 85% and the national average of 83%.
- 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.
- Patients, who rang for an urgent appointment, when they felt that their mental health was poor, were seen on the same day.

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 below local and national averages. 253 survey forms were distributed and 106 were returned. This represented about just over 1% of the practice's patient list.

- 46% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 52% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 42% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

The practice had recognised that these results were well below the CCG and national averages. The practice had

undergone a management team restructure and introduced an active patient participation group (PPG) to address this matter. They had engaged with the patient population by introducing an in house patient survey which was facilitated by the PPG. At the time of inspection this work was in progress.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 completed comment cards which were all generally positive about the standard of care received. Some patients commented that it was difficult to get through on the phone during peak times.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Information from the "Friends and Family Test" indicated that the vast majority of patients completing the form were extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Consider appraisals for nursing staff to be undertaken by a clinician.
- Continue to monitor the appointments system in particular telephone access for the patient population for both on the day and prebookable appointments, and investigate ways to increase appointment availability.
- Review the rationale for holding controlled drugs in the practice and consider their removal and appropriate destruction in accordance with medicines management principles.
- Develop ways to increase the number of carers that the practice has registered to ensure that they receive appropriate support.
- Consider other key members of staff holding a copy of the practice business continuity plan at home.

Medlock Vale Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a second CQC inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Medlock Vale Medical Practice

The practice had been previously inspected on 9 April 2015. Following that inspection the practice was rated requires improvement.

This practice is located in Droylesden, Manchester, and provides services from a single story building. The practice is easily accessible by local public transport links. At the time of our inspection there 8149 patients registered with the practice. It is a member of NHS Tameside and Glossop Clinical Commissioning Group (CCG).

The age profile of the practice is very similar to the CCG and national averages. The male life expectancy for the area is 77 years compared with the CCG averages of 76 years and the national average of 79 years. The female life expectancy for the area is 82 years compared with the CCG averages of 80 years and the national average of 83 years.

There are six GPs (four female and two male). There are three partner GPs and three salaried GPs. Locum GPs are used to cover any absences. There is a large nursing team

comprising an advanced nurse practitioner, two practice nurses, an assistant practitioner and a healthcare assistant. There is also a practice manager and supporting administration and reception staff.

The practice delivers commissioned services under the General Medical Services (GMS) contract. It offers direct enhanced services for meningitis provision, the childhood vaccination and immunisation scheme, influenza and pneumococcal immunisations, rotavirus and shingles immunisation and unplanned admissions.

The practice is open from 8am to 6pm from Monday to Friday with GP appointments available from 8am to 5.30pm. Patients can book appointments in person, on line or via the phone. Emergency appointments are available each day. Patients can book routine appointments outside of regular clinic hours with the seven day access local hubs. There is an out of hours service available provided by GoToDoc.

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 22 November 2016. During our visit we:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke with clinical and non-clinical staff, members of the Patient Participation Group (PPG) and patients.
- Reviewed patient survey information.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

During the inspection on 9 April 2015 we found within the key question safe that the practice was not meeting the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the necessary improvements had been made.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, test results had not been actioned in a timely manner due to the absence of a particular GP. In response to this the practice had allocated a member of the administrative staff to ensure that test results were sent to another GP in the absence of a particular GP to prevent recurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. The senior partner was a lead member of staff for safeguarding. The lead GP would attend safeguarding meetings but it was not usually possible, however they 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. All GPs and nurses were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. However the controlled drugs in the practice had not been used for a significant period of time. There were arrangements in place for the destruction of controlled drugs.
- 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.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice manager kept a copy of the plan at home.

Are services effective?

(for example, treatment is effective)

Our findings

During the inspection on 9 April 2015 we found within the key question effective that the practice was not meeting the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the necessary improvements had been made

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.

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 were 92% of QOF points available compared to the CCG average of 96% and national average of 95% and with 7% exception reporting (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). The latest published data showed:

- Overall figures for diabetes related indicators was 83% which was below the CCG and national averages of 90%. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80mmHg or less was 74% compared to the CCG average of 79% and national average of 78%.
- Performance for mental health related indicators was better than the CCG and national average. For example 92% of patients with schizophrenia, bipolar affective

disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months which was higher than the CCG average of 81% and national average of 88%.

The practice had recognised that some QOF data was lower than CCG and national averages. They had proactively addressed this and had undertaken clinical audits to improve these.

There was evidence of quality improvement including clinical audit.

- During this inspection we identified there had been a series of clinical audits commenced in the last two years, and these were completed audits and there were improvements made or implemented as a result of these. The practice had a comprehensive audit timetable
- Audits were clinical and prescribing audits that were instigated and undertaken by the GPs in the practice or the pharmacy technician.
- There was a diabetic foot screening audit completed by a GP in response to low results in QOF. This audit not only demonstrated a full cycle but also up until now demonstrated the practice was relying solely on the podiatrist assessments. Because of this audit diabetic foot screening was now undertaken by clinicians in the practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, 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, for those reviewing patients with long-term conditions. We saw evidence that GPs and nursing staff had received training and updates in chronic disease management.
- 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

Are services effective?

(for example, treatment is effective)

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, 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. However nursing staff had their appraisal undertaken by the practice manager who was a non-clinical member of staff.
- Staff received training that included: safeguarding, infection prevention and control, 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. There was a training matrix displayed to the rear of the reception area that indicated what training staff had completed and what training was due.

Coordinating patient care and information sharing

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

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

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

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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 82% and the national average of 82%. There was a policy to offer telephone 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 screening. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 94% and five year olds from 81% to 93%.

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

During the inspection on 9 April 2015 we found within the key question caring that the practice was not meeting the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the necessary improvements had been made

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. However some patients said that on occasion reception staff could be abrupt and rude to patients. The practice had introduced a reception manager to provide first line management for this staff group and customer care training was planned for staff.

- 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 20 patient Care Quality Commission comment cards we received were generally positive about the service experienced. Some patients commented that it was difficult to get through on the phone during peak times.

We spoke with four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However they acknowledged challenges patients faced when booking appointments and were aware of negative comments in relation to reception staff. They were however satisfied the practice were looking to make improvements and the PPG felt involved in the improvements planned. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 63% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 55% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice had recognised that these results were well below the CCG and national averages. They had engaged with the patient population by introducing an in house patient survey which was facilitated by the patient participation group. At the time of inspection this work was in progress.

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 aligned with these views. We also saw that care plans were personalised.

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 82% and the national average of 82%.

Are services caring?

- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 87% and the national average of 85%.

The practice had recognised these figures were below average and was proactively addressing this matter and had used the PPG to undertake a patient survey on their behalf.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified less than 1% of the patient population as carers. We saw evidence the practice was looking at ways to increase the number of carers that the practice has registered to ensure that they receive appropriate support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Patients were also signposted to bereavement delivered by the local hospice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During the inspection on 9 April 2015 we found within the key question responsive that the practice was not meeting the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the necessary improvements had been made.

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8am to 6pm from Monday to Friday with GP appointments available from 8am to 5.30pm. Patients could book appointments in person, on line or via the phone. Emergency appointments were available each day. Patients could book routine appointments outside of regular clinic hours with the seven day access local hubs. There was an out of hours service available provided by GoToDoc.

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

- 60% of patients were satisfied with the practice's opening hours compared to CCG average of 74% and the national average of 76%.
- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and national average of 73%.

The practice was monitoring the appointments system in particular telephone access for the patient population and were investigating ways to increase appointment availability.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at all complaints received in the last 12 months and found these were satisfactorily handled. We saw that complaints were discussed at team meetings and with appropriate external organisations if necessary.

Are services well-led?

Good 

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

Our findings

During the inspection on 9 April 2015 we found within the key question well led that the practice was not meeting the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the necessary improvements had been made.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs 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 GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

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

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

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

- Staff told us the practice held regular team meetings. These included partner meetings, general meetings, complaints reviews and other clinical meetings when needed. There was a comprehensive meeting timetable and we saw evidence of minutes of meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was formed after the last inspection and now met regularly with the practice staff. They carried out patient surveys on behalf of the practice and submitted proposals for improvements to the practice management team. For example they recommended reception staff wear name badges so they can be identified to the patient population of the practice.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through surveys received.
- The practice had gathered feedback from staff generally 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.

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they had signed up for a pilot scheme in the Denton neighbourhood for patients who were reviewed by the long term conditions team who may then be seen by a mental health worker, if appropriate. We saw evidence the practice was engaging with these teams for the benefit of their patient population.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice