

Longfield Medical Practice

Quality Report

Prestwich Health Centre

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Longfield Medical Practice on 15 March 2016. Overall the practice is rated as requires improvement.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to make an appointment with a named GP.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Full clinical audits were not routinely carried out. We saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Information about services was available but not in different languages.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity.
- The lift regularly broke down. When this happened rooms in a neighbouring practice in the same building were used for patients who could not use the stairs. These rooms were not always appropriate as clinical equipment was not always available.
- There was a leadership structure and staff felt supported by management.
- The practice did not have a patient participation group.

Summary of findings

- The Friends and Family test (FFT) for January and February 2016 indicated that while patients generally gave a positive response to how likely they were to recommend the practice, four raised concerns about the difficulty patients experienced when they tried to

book an appointment. This was also raised in the GP patient survey which reflected that 23.8% of patients said they could get through easily to the surgery by phone (CCG average 68.2%, national 73.3%).

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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The safeguarding procedure required review to ensure it outlined how to manage a safeguarding incident if the allegation was against a member of staff.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Concerns were found in staff safeguarding training, safeguarding procedures and the management of prescriptions.
- All staff who acted as chaperones were trained for the role. A Disclosure and Barring Service (DBS) check had not been completed for the administrative staff that carried out this role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was no risk assessment in place to justify why no DBS check had been undertaken.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were about average and below for the locality and compared to the national average.
- Clinical audits were not routinely carried out and the practice could not demonstrate quality improvements.
- There was no evidence of appraisals and personal development plans for all staff.
- Staff worked with external healthcare professionals, such as district nurses, to understand and meet the range and complexity of patients' needs. However, clinical meetings within the practice had not taken place since December 2015.
- Patients' long term conditions were monitored through regular follow-up appointments and opportunistic care intervention.

Requires improvement



Summary of findings

- All the GPs were male; therefore female patients had no access to a female GP at the practice.
- Patients were supported to live healthier lives and the staff had identified patients who may be in need of extra support.

Are services caring?

The practice is rated as good for providing caring services.

- 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.
- All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt received a good service and staff were helpful and caring, and treated them with dignity and respect.
- Information was available in the patient waiting area about how to access a number of support groups and organisations such as Bury Carers, The Alzheimer's Society and Care Concern, an organisation that supports patients who have experienced bereavement

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The GP patient survey showed that patient's satisfaction with how they could access care and treatment was below the local and national average. For example, 23.8% of patients said they could get through easily to the surgery by phone (CCG average 68.2%, national 73.3%). This was also reflected in the findings of the Friends and Family Test for January and February 2016 when four patients raised concerns about the difficulty they experienced when they tried to book an appointment.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- There was a lift to improve access for patients with mobility problems. We were informed the lift regularly broke down and had been reported to the property maintenance company several times.

Requires improvement



Summary of findings

- 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.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a basic vision to deliver care and promote positive outcomes for patients.
- The practice governance framework did not always support the delivery of the care.
- There was a culture of openness, honesty, and positive teamwork.
- Staff said they felt respected, valued and supported by management.
- The practice did not have a patient participation group.
- A summary of the information obtained through the Friends and Family test had not been collated so it was not possible to identify trends and patterns.
- The practice had a number of policies and procedures to govern activity.

Requires improvement



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

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of older people.

There were however some examples of good practice:

- 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, longer and urgent appointments for those with enhanced needs.
- All patients over 75 have a named GP.
- Influenza, pneumococcal, and shingles vaccination clinics were available to patients over 65.
- Staff met regularly with other health care workers to support patients at the end of their life.

Requires improvement



People with long term conditions

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of people with long-term conditions.

There were however some examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- Annual reviews were available to patients with chronic and long-term conditions.
- Patients with long term conditions were covered by the unplanned admission scheme.
- Nurses had lead roles in monitoring patients with diabetes, COPD and other long term conditions.

Requires improvement



Summary of findings

- The practice had a register of pre-diabetic patients who were closely monitored and offered lifestyle advice to prevent the onset of diabetes.

Families, children and young people

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of families, children and young people.

There were however some examples of good practice:

- 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.
- 81% of patients with asthma had had an asthma review in the preceding 12 months which included an assessment of asthma control using the 3 RCP questions. The national average was 75%.
- 80% of women aged 25-64 had had a cervical screening test in the preceding 5 years. The national average is 81%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We were informed that joint working took place with midwives, health visitors and school nurses.
- Family planning services were available on site.
- Staff were not up to date with safeguarding training.

Requires improvement



Working age people (including those recently retired and students)

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

There were however some examples of good practice:

- The practice aimed to improve the online services.
- A full range of health promotion and screening was available that reflected the needs for this age group.
- Practice nurse and health care assistant appointments were available from 8.30am.
- Telephone consultation appointments were available.

Requires improvement



Summary of findings

- Although extended opening hours for appointments was not available, staff could book an appointment for patients to see a GP at another practice in the Bury area as part of the GP federation.

People whose circumstances may make them vulnerable

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

There were however some examples of good practice:

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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. However, staff safeguarding training was not up to date for some staff.
- Information was displayed in the GP clinical rooms about who patients can contact in the event of them experiencing domestic violence.

Requires improvement



People experiencing poor mental health (including people with dementia)

There were aspects of the practice which required improvement and this related to all population groups. The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

There were however some examples of good practice:

- The practice carried out advance care planning for patients with dementia. 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, this is below the national average of 84.01%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- 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.
- Longer appointments were provided as needed.
- A community psychiatric nurse held a regular clinic at the practice.
- Performance for mental health related indicators was worse than the national average.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with national averages in some areas and below in other areas. 332 survey forms were distributed and 111 were returned. This was a response rate of 33% and represented 2.09% of the practice's patient list.

- 24% of patients found it easy to get through to the surgery by phone compared to a CCG average of 68% and a national average of 73%
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.7%, national average 85%).
- 76% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 85% national average 85%).
- 79% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients said they were very happy with the service they received. They described the clinical staff as kind and caring and commented they were always treated with dignity and respect. They said they felt listened to during consultations and were given advice and information about how to manage their health care issues at home. They said the reception staff were always polite, helpful and professional.

We carried out telephone interviews with five patients as part of the inspection. All of the patients said they were happy with the care they received and thought staff were approachable, committed and caring. Three patients said they found it difficult to book appointments.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Disclosing and Barring Service checks must be completed for staff who act as chaperones or a risk assessment carried out to demonstrate why this check has not been done.
- Staff must be provided with an annual appraisal of their work and accurate training records must be maintained.
- Improvements must be made to the governance systems to assess, communicate, monitor and improve the quality and safety of the services provided.
- Clinical audits and re-audits must be carried out in a more systematic way in order to improve patient outcomes.

Action the service **SHOULD** take to improve

In addition the provider should:

- Review the availability of non-urgent appointments in light of patients raising concerns about not being able to get through to the practice by phone in order to book an appointment.
- Manage prescriptions safely.
- Consider amending the level of information in the practice's safeguarding procedures.
- Consider having a copy of the cleaning schedule to ensure staff are aware that cleaning is being carried out thoroughly.
- Consider having clinical meetings which are recorded for monitoring purposes.
- Consider setting up a patient participation group.

Longfield Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Longfield Medical Practice

Longfield Medical Practice, Prestwich Health Centre, Fairfax Road, Prestwich, Manchester M25 1BT is located in Prestwich, Manchester. There is local parking and public transport links close to the practice. We visited this address as part of the inspection.

There are two male GPs working at the practice, one is a senior partner and the other is a partner. There is one regular male locum GP working at the practice. All of the GPs work nine sessions per week. There is one nurse prescriber, a practice nurse and a health care support worker. All of these staff are female. There is a team of administrative staff made up of a practice manager, an assistant practice manager, six reception staff, one administrator and three secretaries.

The practice is open between 8.30 am and 6.30 pm Monday to Friday. Appointments are from 9am to 5.30 pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the surgery number and the call will be re-directed to the out-of-hours service.

Although extended opening hours for appointments was not available at the practice, staff could book an appointment for patients to see a GP at another practice in the Bury area as part of the GP federation.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

There are 5311 patients registered at the practice. Most patients are 65 years and over with a smaller number of younger patients.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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.

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 15 March 2016.

During our visit we:

Detailed findings

- spoke with a range of staff , including two GPs and a locum GP, the practice manager, a receptionist, the practice nurse and the health care support worker
- carried out telephone interviews with patients who used the service
- reviewed comment cards where patients and members of the public shared their views and experiences of the service
- reviewed policies, audits, personnel records and other documents relating to the running of the practice.

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

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

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

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

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

Are services safe?

Our findings

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 practice carried out a thorough analysis of the significant events.

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

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, some of these required improvement.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The safeguarding procedure required review to ensure it reflected current guidance. For example, how to manage a safeguarding incident if the allegation was against a member of staff.
- There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible. Staff demonstrated they understood their responsibilities. We had evidence to confirm one of the GPs was trained to safeguarding level three. Some nursing and administrative staff had not completed safeguarding training since 2011 and it was not possible to establish to what level. Clinical staff we spoke with demonstrated an understanding of their responsibilities in relation safeguarding incidents. The adult and

children's safeguarding contact information pack was dated 2011. Arrangements were already being made for one of the GPs to provide training to other GPs and nursing staff about female genital mutilation.

- A notice in the waiting room advised patients that chaperones were available if required although this information was not displayed in the clinical rooms. Both nursing and administrative staff acted as chaperones. Administrative staff had completed in house training but they had not completed a Disclosure and Barring Service check (DBS check). A risk assessment had not been completed to demonstrate why these checks had not been carried out. (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 manager was in the process of addressing this issue. They had submitted information about staff and were awaiting a response from the DBS.
- 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. It was not clear when staff had received their last infection control training. An annual infection control audit had not taken place last year. Although cleaners came into the building daily there was no cleaning schedule in place to ensure staff knew exactly what tasks had been undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, were not consistently satisfactory (including obtaining, prescribing, recording, handling, storing and security). Most of the medicines kept were in good order with the exception of one of the doctor's bags that contained out of date medicines. This issue was addressed at the time of the inspection by removal of the out of date medicines. Fridges were not wired to switchless sockets to prevent them being turned off by accident. One of the plugs to the fridge in one clinical room was not clearly labelled to avoid accidental removal.

Are services safe?

- The system to monitor the secure use of prescriptions was not well managed. Prescription pads were stored securely and prescriptions were removed from printers at night. However, a log of the prescription serial numbers was not kept 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 support from one of the GPs and received regular updates to their training from the local Clinical Commissioning Group.
- 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.

Monitoring risks to patients

Risks to patients were assessed and 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. The practice was managed by a property maintenance company which carried out regular health and safety checks such as fire safety checks and drills, legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and water temperature tests. Small electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was experiencing some problems with regard to staff sickness and the

practice manager was doing their best to manage this situation. The staffing levels and staff duties were being reviewed to ensure the more effective and efficient running of the practice.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- The practice had a defibrillator and oxygen available on the premises. 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan was dated 2009 and had not been reviewed since this time. It also made reference to the Primary Care Trust which was no longer in existence.
- We were informed that the passenger lift regularly broke down which meant patients had to use the stairs. While many patients could manage the stairs, some could not. In these circumstances, the patients were seen by their GP or nurse in one of the rooms in a neighbouring practice on the ground floor. We were informed this was not ideal because clinical rooms with the necessary clinical equipment were not always available. There were also times when appointments had to be rearranged due to the lack of facilities.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 showed the practice had achieved 89.5% of the total number of points available. This is 6.6% below the CCG average and 5.2 % below the national average. There was a 7.5% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was slightly better than the national average. 93.07% of patients on the diabetes register had a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015). This compared to a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average. 86.21% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (01/04/2014 to 31/03/2015). This compared to a national average of 83.65%

- Performance for mental health related indicators was lower than the national average. 62.5% of patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This compared to a national average of 88.47%. This issue was discussed with the GP at the practice and they confirmed this area of care had not been prioritised; however, they said they would address this issue immediately.
- Full clinical audits were not routinely carried out and the practice could not demonstrate quality improvements. We saw evidence of two clinical audits having taken place, although these were not full cycles. There was no planned approach to the way clinical audits were completed.
- Patients' long term conditions were monitored through regular follow up appointments and opportunistic care intervention. Patients who did not attend follow-up appointments were contacted again to encourage them to attend.
- There were no female GPs at the practice. One of the nursing staff was qualified to carry out specific female examinations and they confirmed they did not work outside their agreed competency. If further investigations were required, a referral was made to secondary care or patients could visit the Walk In Centre which was located on the ground floor of the building.
- A community psychiatric nurse held a regular clinic at the practice.

Effective staffing

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

- We were told that staff who administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff had completed role specific training for example, for those reviewing patients with long-term conditions such as diabetes. Staff had access to and made use of e-learning training modules which included information governance, the Caldicott principles, access to medical records and confidentiality. However, the staff training records were not fully up to date so it was not possible to accurately

Are services effective?

(for example, treatment is effective)

assess the training staff had completed. The learning needs of staff had not been identified and while time was set aside each month for in-house training, we were informed this training had not taken place for about six or seven months.

- The practice had an induction programme for newly appointed staff. This was a tick list and covered such topics as infection prevention and control, fire safety and health and safety. It made reference to the staff handbook for more detailed information. We looked at three staff records and the induction training records for two staff were not in place. The practice manager agreed the induction training programme needed to be developed to ensure staff were aware of their responsibilities and knew how to work safely.
- There was no evidence of appraisals and personal development plans for staff. The practice manager recognised this was an area that needed to be addressed.
- The nursing staff attended the practice nurse forum for the purpose of support and training. Clinical supervision was not provided. GPs provided nursing staff with informal support through daily discussions.

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. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.

We were informed that GPs and nursing staff met monthly to discuss patients' health care issues. However, these meetings had not been held since December 2015 due to staff sickness, and the minutes of this meeting were unavailable.

The practice manager met with the Bury Clinical Commissioning Group and other practice managers within the area to share information and be updated of developments.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- GPs and nursing 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 practice nurse assessed the patient's capacity and recorded the outcome of the assessment. Links with the local learning disability team had been established to support with this process.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition such as diabetes and those requiring advice on their diet and smoking.
- Patients were signposted to the relevant services for self-referral.
- The practice's uptake for the cervical screening programme was comparable to the national average. 80% of women aged 25-64 had a cervical screening test in the preceding 5 years. This compared to a national average of 82%.
- Childhood immunisation rates for the vaccinations given were comparable to the local Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.4% to 97.4% and five year olds from 93.6% to 100%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow up appointments were available for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services effective? (for example, treatment is effective)

- The practice had a register of pre-diabetic patients who were closely monitored and offered lifestyle advice to prevent the onset of diabetes.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 36 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and caring, and treated them with dignity and respect.

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

- 86.5% of patients said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.
- 81.7% of patients said the GP gave them enough time (CCG average 89%, national average 86.6%).
- 96.2% of patients said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 84.1% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86.7%, national average 85.1%).
- 87.3% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.5%, national average 90.4%).
- 71.1% of patients said they found the receptionists at the practice helpful (CCG average 85.8%, national average 86.8%).

These results were not reflected in the 36 CQC comment cards we received where patients commented they found the GPs very kind and caring, and they felt listened to during consultations. They indicated the GPs and nursing staff treated them with great care. Patients commented they found the reception staff courteous, professional and helpful.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed how patients responded 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,

- 78.4% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.3% and national average of 86.0%.
- 73.2% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 82.9%, national average 81.4%).
- 72.8% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.7%, national average 84.8%).

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

Information was available in the patient waiting area about how to access a number of support groups and organisations such as Bury Carers, The Alzheimer's Society and Care Concern, an organisation that supports patients who have experienced bereavement.

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 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- There was a lift to improve access for patients with a mobility problem. We were informed the lift regularly broke down and had been reported to the property maintenance company several times.

Access to the service

The practice was open between 8.30 am and 6.30 pm Monday to Friday. Appointments were from 9am to 5.30 pm Monday to Friday. Although extended opening hours for appointments were not available, staff could book an appointment for patients to see a GP at another practice in the Bury area as part of the GP federation.

In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

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.

- 52.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.5% and national average of 74.9%.
- 23.8% of patients said they could get through easily to the surgery by phone (CCG average 68.2%, national 73.3%).
- 82% of patients said they always or almost always see or speak to the GP they prefer (CCG average 83.7% national average 83.7% 85.2%).

Patients spoken with told us they found it difficult to book an appointment as they were unable to get through to the surgery by phone. We were informed that the practice manager monitored this situation in order to try and improve the service; however we found improvements had not been made. Plans were being made to recruit another member of reception staff to improve patient access to appointments.

The practice were conscious that patients did not have access to a female GP, though there were plans to recruit one. Nursing services were provided by female staff.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns and a complaint policy was in place. Two complaints were made in 2016. Staff spoken with knew how to manage complaints. 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. Complaints were recorded, investigated and responded to in a timely manner.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a basic vision to deliver care and promote good outcomes for patients, and to maintain a supportive working environment for staff. There were plans to increase the use of online services, and GPs were considering working with other practices within the Bury GP Federation. There were no specific plans in place about how this would be carried out. GPs were planning to develop staff roles in order to improve the service. There was no business plan in place to demonstrate how this would be done.

Governance arrangements

The practice governance framework did not always support the delivery of the care.

- A comprehensive understanding of the performance of the practice was not maintained.
- A programme of continuous full clinical and internal audit was not used to monitor quality and to make improvements.
- Patients commented though the national patient survey they could not get through to the practice by phone to book an appointment. 23.8% of patients said they could get through easily to the surgery by phone (CCG average 68.2%, national 73.3%).
- 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.

Leadership and culture

The GPs had experience to run the practice.

Staff told us the GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Nursing staff reported that while one of the GPs took responsibility for managing patients' clinical issues, they encouraged a team approach to the way clinical services were provided. There was a culture of openness, honesty, and positive teamwork and staff said they felt supported by management. Staff said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported,

particularly by the GPs in the practice. Staff told us they 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.

However, we found concerns relating to areas of the management of the practice. These related to the management of; staff training and appraisal, prescriptions and medicines, clinical meetings and clinical audits, the accessibility of appointments, the lack of a female GP being employed and the business continuity plan.

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

The practice reported they valued feedback from patients and staff. However the practice did not have a patient participation group so were unable to obtain a sample of patients' views of the service. We were informed that an annual survey had not taken place to obtain patients' views of the service. The practice had gathered feedback from staff generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. A summary of the information obtained had not been collated so it was not possible to identify trends and patterns. We looked at the individual responses for January and February 2016. Generally patients gave a positive response to how likely they were to recommend the practice, however four concerns were raised about the difficulty patients experienced when they tried to book an appointment. This was also raised in the GP patient survey which reflected that 23.8% of patients said they could get through easily to the surgery by phone (CCG average 68.2%, national 73.3%).

Continuous improvement

Though areas for improvement were identified there was evidence that the practice were already responding to some of these, but a more co-ordinated plan was required. For example, safeguarding training was being planned and staff Disclosure and Barring Service checks were in the process of being carried out.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and improve the quality and safety of the services provided. The provider did not demonstrate that clinical audits were carried out in a systematic and planned way to make improvements to improve patient outcomes.</p> <p>The provider was not assessing, monitoring or mitigating the risks relating to the health, safety and welfare of patients as clinical meetings to discuss patients healthcare issues had not been held since December 2015.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider did not provide staff with appropriate training and appraisal to ensure they were competent for their role.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had not carried out a Disclosure and Barring Service check on all staff who acted as chaperones.</p>