

Gorse Hill Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the practice of Gorse Hill Medical Centre on 14 December 2016. Overall the practice is rated as good.

The practice had been previously inspected on 29 January 2015. Following that inspection the practice was rated as requires improvement with the following domain ratings:

Safe – Requires Improvement

Effective – Requires improvement

Caring – Good

Responsive – Good

Well led – Requires improvement.

The practice provided us with an action plan detailing how they were going to make the required improvements.

The inspection on 14 December 2016 was to confirm the required actions had been completed and award a new rating if appropriate.

Following this re-inspection on 14 December 2016, our key findings across all the areas we inspected were as follows:

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

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

Summary of findings

- Patients said they were in the main treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw examples of outstanding practice including:

- The practice embraced Gold Standards for end of life care. One GP took the lead and provided weekly home visits to support and monitor patients at the end stages of life. Families also had direct contact details for GPs should they require support and or additional home visits. Speaking with one patient who was recently bereaved told us how invaluable the relationship with the GP had been.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were mixed when compared to the average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patient's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- We observed a strong patient-centred culture
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Data showed that patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.
- Patients could access appointments and services in a way and at a time that suited them.
- Telephone consultations were readily available and home visits, including the phlebotomy service provided to house bound patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- There was a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.

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.

Good



- 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 referred patients to Trafford Care Co-ordination Centre, a new service for patients who required more frequent and intimate care within the community.
- The practice embraced the Gold Standards Framework for end of life care this included supporting patients' choice to receive end of life care at home.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- 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.
- One of the GP partners provided a chronic disease management clinic with extended appointments (minimum of 15 minutes) for patients. The focus was to help patients self-manage their conditions and provide and ensure coordinated care and treatment.
- Where appropriate, patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For patients with complex needs, a named GP and practice nurse worked with relevant community and healthcare professionals to deliver multidisciplinary support and care. Multidisciplinary meetings were held to review patients' needs and to avoid hospital admissions.
- Patients with COPD and asthma had self-management plans and those with chronic conditions were provided with care plans.

Summary of findings

- Patients who were diagnosed with a long term conditions such as diabetes were directed to a structured education programme.

Families, children and young people

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

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

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.

Good



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.

- Appointments with a GP at Gorse Hill Medical Centre were available Monday to Friday 9.30am to 12noon and 4pm to 6.30pm except Wednesday when the practice was closed in the afternoon. Appointments at Ayres Road surgery were available Monday to Friday 10am to 12:30pm, afternoon appointment times varied and were available by contacting the reception team.
- 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.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice was aware of those patients who required an interpreter and alerts were placed within patients' notes to enable staff to pre book interpreters and arrange longer appointments. The practice also used a translation telephone service for urgent appointments and new patients.
- The practice was proactive in monitoring those patients identified as vulnerable or at risk. This included, monitoring A&E attendances, monitoring missed appointments from those known to be vulnerable and working with other services to ensure, where appropriate, information was shared to keep patients safe.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- 95% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice had mixed results compared to the local and national averages. There were 92 responses and a response rate of 25%, representing 1.6% of the practice population.

- 77% found it easy to get through to this surgery by phone compared with a CCG average of 79% and a national average of 73%.
- 77% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.

- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 68% described their experience of making an appointment as good compared with a CCG average of 76% and a national average of 73%.
- 62% would recommend this surgery to someone new to the area compared with a CCG average of 81% and a national average of 78%

The six patients we spoke with were complimentary of the staff, care and treatment they received.

Gorse Hill Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor.

Background to Gorse Hill Medical Centre

Gorse Hill Medical Centre provides primary medical services in Trafford from Monday to Friday. The practice is open at Gorse Hill Surgery, Monday to Friday 8am to 6:30pm, closing at 1:30pm Wednesday. Ayres Road Surgery is open Monday to Friday 9:30am to 6:30pm

Appointments with a GP at Gorse Hill Medical Centre are available Monday to Friday 9.30am to 12noon and 4pm to 6.30pm except Wednesday when the practice is closed in the afternoon. Appointments at Ayres road surgery are available Monday to Friday 11am to 1:30pm, afternoon appointment times varied and are available by contacting the reception team

The practice is situated within the geographical area of Trafford Clinical Commissioning Group (CCG).

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

Gorse Hill Medical Centre is responsible for providing care to 5511 patients, of which 52% are from black and minority ethnic groups.

The practice consists of two GP partners, three salaried GPs of which two are female and a full time nurse. The practice is supported by a management consultant, receptionists and secretaries.

When the practice is closed patients are directed to the out of hours service by calling 111.

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. This 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

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

Detailed findings

- 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)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 14 December 2016. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with six patients and seven members of staff, including GPs, a practice nurse, management consultant, reception managers and reception staff.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and presented at practice meetings, following which, action plans were implemented. We noted significant events were reviewed to ensure actions implemented were effective.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, the local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a named GP lead for safeguarding adults and children. The lead attended local safeguarding meetings and attended where and when possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available. The practice carried out regular risk assessments including fire risk assessments. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been completed by the practice nurse and regular checks were carried out on a daily and weekly basis.
- The arrangements for managing medicines, including emergency drugs and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out. Prescription pads were securely stored.
- All staff had received a basic introduction to medicines management provided by Trafford CCG. In addition the practice had identified four staff to undertake more advanced training with the CCG; these four staff members split over both sites took the lead within the administration team in managing prescriptions and liaising with GPs, hospitals, patients and pharmacists.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with 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

Are services safe?

support training and there were emergency medicines available. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 discussion during practice meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.9% of the total number of points available, with 12.3% exception reporting (3.4% above the CCG average). This practice was not an outlier for any QOF (or other national) clinical targets and were in line with or below the national average in a number of clinical outcomes. Data from 2015/16 showed;

- Performance for diabetes related indicators were comparable to the CCG and national average at 99.3%. (8.3% above the CCG average and 9.5% above the national average) however we noted higher than average exception reporting in the following areas:
 - The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59 mmol/mol or less in the preceding 12 months, 35.7% of patients had been exception reported, 21.8% above the CCG average and 23.2% above the national average.
 - The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months, 25.5% of patients had been exception reported, 15.2% above the CCG average and 15.9% above the national average.

- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average at 100% (1.7% above the CCG average and 2.7% above the national average.)
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG and national average at 100% (1.3% above the CCG average, and 4.1% above the national average.)

Clinical audits demonstrated quality improvement.

- There had been a range of full cycle and single cycle clinical and non-clinical audits completed in the last two years. We were provided with several examples of completed audits for example: Screening and medication in cases of Atrial Fibrillation (AF) and AF with CHD and a detailed audit of patients with Parkinsonism, both drug Induced Parkinsonism (DIP) and Parkinson's Disease (PD). Both audits showed examples of improved outcomes and changes in practice as a result.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.
- The practice used data to effectively monitor and improve outcomes for patients, we saw examples of work being undertaken to improve antibiotic prescribing and the uptake of flu vaccinations. Plans were also in place to review the higher than average prescribing of hypnotic medicines and understand the lower than average COPD prevalence within the patients population

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet these

Are services effective?

(for example, treatment is effective)

learning needs and to cover the scope of their work. This included on-going support during clinical sessions, one-to-one meetings, appraisals, facilitation and support for the revalidation of doctors and nurses.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training.

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 in a timely way, for example when referring patients to other services.
- The practice worked closely with the Integrated Neighbourhood Team to provide care and treatment to patients in the community.
- The practice worked closely with a number of community services and wherever possible enabled external providers such as health trainers to provide services in house for patients to access.
- 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and were minuted. We noted these were routinely attended by district nurses, health visitors and Macmillan nurses.

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.
- The GPs were fully aware of their responsibilities in relation to patients who had Deprivation of Liberty Safeguards (DoLS) in place.

- Clinical staff had undertaken training in relation to the MCA 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 patients' mental capacity to consent to care or treatment was unclear GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet and smoking and alcohol cessation.

We noted a number of examples of how the practice worked with patients to lead healthier lifestyles. The practice also proactively referred patients to health trainers.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 78% which was in line with 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice worked with a local voluntary organisation, Voice of BME Trafford to help improve the uptake of screening such as cervical and bowel screening among the black and minority ethnic (BME) patient population. The practice also arranged local and national events to improve screening uptakes for bowel cancer and cervical cancer in ethnic communities by combining entertainment with Health Related Messages. We were shown examples of events held in September 2016 which were focused around cancer and plans were in place for events in 2017 with a focus on diabetes.

Childhood immunisation rates for the vaccinations given were in line with the CCG averages. For example, NHS England figures showed in 2015 95% of children aged 5 years had received the full measles, mumps and rubella (MMR) vaccination in line with the CCG average of 93%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients,

annual health checks for carers and NHS health checks for patients aged 40–74. Appropriate follow-up for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. We saw a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Screens or 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.

The six patients spoken to highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice scores on consultations with doctors and nurses were however mixed when compared to the national and CCG scores. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG and national average of 88%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 86%.
- 78% 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%.
- 89% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey we reviewed showed patients responses were mixed in relation to questions about their involvement in planning and making decisions about their care and treatment. These results were lower than local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 66% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be booked if an interpreter was required. We also noted a number of staff were multi lingual and were able to provide translation during consultations but also to help patients with day to day queries and booking appointments.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of patients who were carers. We noted 72 patients were carers which represented 1.3% of patients. Written information and a dedicated display board were available to direct carers to the various avenues of support available to them.

The practice embraced Gold Standards for end of life care. One GP took the lead and provided weekly home visits to support and monitor patients at the end stages of life. Families also had direct contact details for GPs should they

Are services caring?

require support and or additional home visits. One patient who was recently bereaved told us how invaluable the relationship with the GP had been. Staff told us that if families had suffered bereavement, arrangements were made for a bereavement visit or consultation with the GP involved in the patients care. Information was also available in the waiting area guiding patients to local bereavement support.

The whole practice team were embarking on Going for Gold training to ensure patients at the end of life and their families were provided with the best possible coordinated care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Patients' individual needs and preferences were central in providing services which were flexible and gave patients choice. The practice involved other organisations and patients in their planning to meet needs. We saw a range of approaches to providing integrated person-centred care. For example:

- Same day appointments were available for children and those patients with medical problems that require same day consultation. On the day appointments were triaged by a GP and where required, patients would be provided with a same day appointment.
- Appointments were available until 6:30pm to enable working patients to access appointments out of normal working hours.
- There were longer appointments available for patients with a learning disability or those who required them.
- Home visits were readily available for older patients and patients who would benefit from these, this included visits from GPs and nurses.
- The practice offered a text message service to patients which included reminders for annual reviews and flu vaccinations.
- There were facilities for people with disabilities and translation services available. Patients requiring a translator were provided with extended appointments.
- Patients were able to receive travel vaccinations which were available on the NHS and patients were referred to other clinics for vaccines only available privately.

Access to the service

Appointments with a GP at Gorse Hill Medical Centre were available Monday to Friday 9.30am to 12 noon and 4pm to 6.30pm except Wednesday when the practice was closed in the afternoon. Appointments at Ayres Road surgery were available Monday to Friday 11am to 1:30pm, afternoon appointment times varied and were available by contacting the reception team.

The practice regularly monitored the demand on the service and the number of appointments available. The appointment system had evolved following feedback from patients.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was mixed compared to the local and national averages. For example the GP survey results showed:

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 77% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 74% of patients describe their overall experience of this surgery as good compared to the CCG average of 86% and national average of 85%.

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.

This was achieved by the GP triage, in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. 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. 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. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

Are services responsive to people's needs? (for example, to feedback?)

The practice kept a complaints log for written and verbal complaints. We looked at an overall summary of complaints received and two examples of formal complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice reviewed complaints to identify any patterns or trends during clinical meetings and learning shared with all staff where appropriate.

Are services well-led?

Good 

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

Our findings

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 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.

Speaking with staff and observations on the day of the inspection we saw staff understood the practice vision and values and demonstrated how they incorporated these values in their work.

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.
- The practice had staff in lead roles and teams to support them to achieve good patient outcomes.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The partners met regularly with staff and were reviewing performance and looking at ways to make improvements.
- The practice worked with the Trafford CCG quality improvement scheme and used their own intelligent monitoring tools to help improve performance, for example in August 2014 the practice had seven known outliers such as dementia admissions and antibacterial prescribing. Working as a team by 2015 they had reduced the number of outliers to two, antibiotic prescribing and hypnotic prescribing, both of which were priority areas for the current year.
- Clinical and internal audits were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- One GP partner was the Chair of Trafford North Neighbourhood and involved in introducing 'New Model of Care' for the North Neighbourhood and developing integrated health services by combining primary and secondary care facilities.

Leadership and culture

On the day of inspection the GPs, with support from the management consultant 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 clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and these had increased in frequency to allow open discussion on future developments within the practice.
- 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. All staff were involved in discussions about how to run and develop the practice, and the GPs and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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 met regularly, and worked with the practice management team to identify good practice and identify ways in which patients experience could be improved.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked in partnership with other local services to improve outcomes for patients in the area. The practice embraced learning and professional development and used audits effectively to monitor and improve outcomes for patients. The practice were also in the initial stages of moving into new premises, hoping to transition to new sites in 2017.