

Hopwood House Medical Practice

Quality Report

Hopwood House
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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?

Requires improvement



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 Hopwood House Medical Practice on 26/02/2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety, although the recording and analysis of significant events required improvement.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

- Most patients said they found it easy to make an appointment with a GP and that 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice had a supply of easy read leaflets available to help explain tests and treatment to some patients, for example those with a learning disability.

Summary of findings

- The practice was proactive in trialling new technology. This included consultations by video conference call and electronic access to the computer system by clinicians while on home visits.
- The practice had devised a 'One Oldham Care Plan' to meet the needs of a variety of patients, for example those receiving end of life care or those with dementia. This combined several care plans to make the system more streamlined and easy to understand by all agencies involved in the care of the patient.
- A congratulations card was sent to new parents when their baby was born. This also gave information such as important dates for childhood vaccinations.

The areas where the provider must make improvement are:

- The provider must complete the required actions following the fire risk assessment carried out in September 2015.

- The provider must accurately record significant events in a timely manner, and analyse significant events to ensure they are not repeated.
- The provider must ensure all relevant staff, including clinicians, have a Disclosure and Barring Service (DBS) check prior to starting work. They must also ensure all clinicians are registered with the appropriate professional body.

In addition the provider should:

- Arrange for a legionella risk assessment to be carried out, and then carry out regular appropriate checks if needed.
- Have a named health and safety representative and fire warden that is known to all staff.

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

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. However, they were not always recorded in a timely manner and there was no analysis to ensure incidents were not repeated.
- Some clinicians did not have a Disclosure and Barring Service (DBS) check in place and there was no system to check the registration status of GPs and practice nurses.
- The most recent fire risk assessment, carried out in September 2015, highlighted areas where improvements needed to be made. These had not all been actioned.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were usually at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. This included easy read leaflets for patients with a learning disability.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients told us they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The GP patient survey was not in line with those views.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients in this population group had a named accountable GP.

Good



People with long term conditions

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

- GPs and 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion advice including up to date health promotion material was available throughout the practice.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was at times performing below local and national averages. 384 survey forms were distributed and 100 were returned. This was a return rate of 26% representing 1.74% of the practice's patient list.

- 75% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 63% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 67% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 54% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which all contained positive comments about the standard of care received. Five patients commented that it could take a long time to access an appointment.

We spoke with seven patients during the inspection, including two members of the patient participation group (PPG). All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- The provider must complete the required actions following the fire risk assessment carried out in September 2015.
- The provider must accurately record significant events in a timely manner, and analyse significant events to ensure they are not repeated.

- The provider must ensure all relevant staff, including clinicians, have a Disclosure and Barring Service (DBS) check prior to starting work. They must also ensure all clinicians are registered with the appropriate professional body.

Action the service **SHOULD** take to improve

- Arrange for a legionella risk assessment to be carried out, and then carry out regular appropriate checks if needed.
- Have a named health and safety representative and fire warden that is known to all staff.

Outstanding practice

- The practice had a supply of easy read leaflets available to help explain tests and treatment to some patients, for example those with a learning disability.
- The practice was proactive in trialling new technology. This included consultations by video conference call and electronic access to the computer system by clinicians while on home visits.
- The practice had devised a 'One Oldham Care Plan' to meet the needs of a variety of patients, for example those receiving end of life care or those with dementia. This combined several care plans to make the system more streamlined and easy to understand by all agencies involved in the care of the patient.

Summary of findings

- A congratulations card was sent to new parents when their baby was born. This also gave information such as important dates for childhood vaccinations.

Hopwood House 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 also included a GP specialist adviser and a practice manager specialist adviser.

Background to Hopwood House Medical Practice

Hopwood House Medical Practice is a purpose built practice close to Oldham town centre. There is suitable patient access to the premises and disabled parking available. At the time of our inspection there were 5738 patients registered with the practice. It is overseen by NHS Oldham Clinical Commissioning Group (CCG) and delivers commissioned services under a Personal Medical Services (PMS) contract.

There are two partner GPs (both female) and a salaried GP (male). They are supported by a locum GP at least twice a week, and a further salaried GP is due to join the team in April 2016. There is also an advanced nurse practitioner, two practice nurses and a healthcare assistant. Non clinical staff include a practice manager and several administrative and reception staff.

The practice is open from 8am to 6.30pm from Monday to Friday, and appointments are usually available between 8.30am and 12 noon, and 2.30pm and 6pm, with some flexibility when required.

Patients can book appointments in person, on line or via the phone. Emergency appointments are available each day. There is an out of hours service available provided by Go to Doc.

Why we carried out this inspection

We inspected this service as part of our new 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 26 February 2016. During our visit we:

- Spoke with a range of staff including both GP partners, a locum GP, two practice nurses, the advanced nurse practitioner, the practice manager and reception staff.
- We spoke with seven patients, including two members of the patient participation group (PPG).

Detailed findings

- Observed how patients were being attended to in the reception area.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents. However, there was no guidance available to ensure staff knew what incidents required reporting.
- We saw examples of significant events that had not been recorded being discussed in practice meetings. The practice manager told us their usual process was to discuss all significant events at the next monthly practice meeting and then complete a significant event form. This meant that significant events were not brought to the attention of staff in a timely manner.
- The practice did not carry out a thorough analysis of the significant events to ensure they were not repeated.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We saw examples of policies being changed following significant events, and saw that learning was shared with staff at the monthly practice meetings.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies stated who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, although this was not stated in the policy. The GPs attended safeguarding meetings when possible

and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. Most staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However there was no DBS check for one practice nurse and the other practice nurse had a criminal records check in place from over three years prior to them starting work at the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most, but not all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely.
- We reviewed seven staff personnel files, including staff who had started work in the previous six months. There was evidence of identity for all staff. Although most staff had provided a CV prior to starting work, gaps in employment had not been questioned. Most staff had a DBS check in place but this was not the case for all clinicians, including the practice nurses. There was one personnel file for all GPs. This contained little information and the practice manager told us they were in the process of ensuring each GP had their own file

Are services safe?

containing relevant information. Checks on the registration status of clinicians with the General Medical Council (GMC) or the Nursing and Midwifery Council (NMC) were not routinely carried out.

Monitoring risks to patients

Risks to patients were usually 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. Local health and safety representatives were not identified on this.
- A fire risk assessment had been carried out by an independent company in September 2015. This highlighted several areas where improvements were required. These included relocating outdoor waste bins, providing fire safety training, providing additional signage for a fire exit, lowering some fire extinguishers and ensuring all fire extinguishers at the practice had been serviced. We saw that some action had been taken, for example staff had received training and waste bins had been made safe, but other action such as lowering fire extinguishers and providing additional signage had not been completed. The fire risk assessment had recommended the action be completed within a month. We saw that one of the fire extinguishers in the treatment room that had been highlighted as not being serviced had still not had a service.

- There was no legionella risk assessment and no legionella tests were carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

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

The practice had a disaster prevention and recovery plan in place. This mainly covered incidents such as loss of telephones or computer systems, and it highlighted Internet safety. Not all possible circumstances where the business could be affected had been considered, such as GPs not being available or flooding to the building.

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. We saw that updated NICE guidance was discussed at practice meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 86.9% of the total number of points available, with 5.2% 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 an outlier for two QOF targets. There were:

- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD).
- The percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 August to 31 March.

The practice explained there new practice nurses had recently been recruited and these figures were improving.

QOF data from 2015-15 showed:

- Performance for diabetes related indicators was 89.5%. This was better than the CCG average of 81.8% and the national average of 89.2%.

- Performance for hypertension related indicators was 100%. This was better than the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 73.1%. This was below the CCG average of 91.7% and the national average of 92.8%.

Clinical audits demonstrated quality improvement.

- The practice completed clinical audits and we saw several examples of where an audit had been carried out and a date had been set to repeat the audit and check for improvements. We saw an example of a two cycle audit into cervical cytology where quality improvement was evidenced.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff had regular meetings with their line manager where support was offered and their work discussed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

Are services effective?

(for example, treatment is effective)

- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of 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.

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. 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 monthly and that care plans were routinely reviewed and updated.

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. GPs had received training on the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Weight management advice was available at the practice and patients could also be referred to a local scheme. Smoking cessation advice was also available at the practice.
- A counsellor from MIND (a charity providing advice and support to people experiencing mental health problems) attended the practice weekly and held a drop in clinic for patients.
- A drug support worker held a clinic at the practice each week.

The practice's uptake for the cervical screening programme was 96.6%, which was above the CCG and national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76.8% to 81.1% and five year olds from 71.4% to 76.9%.

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, and those over 75. The practice had an easy read version of the NHS Health Check leaflet to give to patients when appropriate. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- There was a noticeboard in the reception area containing photographs and the names of all staff.
- Patients received a congratulations card if they had a new baby. This card also contained information about childhood immunisations.

All of the 25 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We also spoke with five other patients who told us they were happy with the care they received and thought staff were approachable, committed and caring.

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

- 82% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 85%, national average 87%).

- 93% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 95%, national average 95%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 80% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice had a series of information leaflets, such as for local steroid injections, to ensure patients were fully informed about their treatments and any issues that might occur following treatment. NHS information leaflets were also given to patients as appropriate, and these included leaflets about what to expect after a childhood vaccination.

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

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

Are services caring?

service was available. An easy read version of the NHS Health Check leaflet was available and was given to appropriate patients, such as those with a learning disability.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told 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 had identified very few carers so were proactively asking patients about their caring

responsibilities when they attended appointments. Written information was available to direct carers to the various avenues of support available to them. Information about Oldham Carer's Centre was displayed in the waiting area.

A counsellor from the charity MIND attended the practice weekly, holding a drop in clinic for patients with mental health problems.

We saw examples of the GP partners giving their mobile telephone numbers to patients approaching the end of their lives. This was to ensure out of hours continuity of care by a GP known to the patient and family. We saw that one GP visited a patient on Boxing Day rather than them having to contact the out of hours service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had appointments between 8am and 6pm, and there was some flexibility with appointment times.
- Patients could pre-book an appointment in the evening or at weekends at a nearby GP practice where they were seen by a GP who had access to their records.
- Text reminders were sent to patients prior to their appointment time.
- 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.
- The practice was fully accessible to those with mobility difficulties.

Access to the service

The practice was open between 8am and 6.30am Monday to Friday. Appointments were from 8.30am until 12 noon and 2.30pm until 6pm, with some flexibility available within these times. Appointments could be pre-booked up to six weeks in advance and urgent on the day appointments were available. Telephone consultations could also be pre-booked. Children under the age of five were always seen when needed.

On the day of our inspection there were appointments available for that day. The next pre-bookable routine appointment was the following working day. We saw evidence that the practice recorded all requests for appointments so they could identify issues with non-availability at an early stage.

The practice had been part of an Oldham GP Federation seven day access scheme since January 2016. Patients were able to pre-book an appointment at weekends and in the evenings and they would be seen at a nearby practice by a GP who had access to their records. The practice was

also trialling a system to book routine appointments via video conferencing. The partners explained they were looking at new ways to maximise their consultation times and make it easier for patients to access appointments.

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 75% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 23% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

The patients we spoke with during the inspection told us they did not have difficulty accessing appointments when they needed them. People told us on the day of the inspection that they were able to get appointments when they needed them. Five of the 25 CQC comments cards we received stated appointments could be difficult to access. The practice told us they had recently recruited a new GP who would be starting in April 2016.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including a leaflet and poster. The website included the complaints policy and information about the Parliamentary and Health Service Ombudsman (PHSO).

We looked at nine complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Complaints were discussed at meetings with lessons learned documented.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. The practice was in the process of changing their CQC registration to reflect recent changes to the partnership.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- There was an active PPG which met regularly, discussed survey results and submitted proposals for improvements to the practice management team. The PPG members we met with told us the practice was proactive in collecting the views of patients and was receptive if suggestions for improvements were made. The group felt valued and listened to.

Are services well-led?

Good 

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

- The practice held regular staff meetings and staff told us they felt able to give feedback and discuss any concerns or issues with colleagues. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was looking at ways to improve, particularly by using new technology. They were trialling routine appointments by video conferencing. They were also improving on-line facilities with a view to GPs and practice nurses being able to access the computer system while on home visits.

The partners had devised and trialled a 'One Oldham Care Plan' that was being rolled out to other practices. This was used as a support plan, and incorporated other care plans in use by other services, for example community services, into a shorter document. This was being used for patients including those receiving end of life care, care home patients, patients with dementia and those who frequently attended the practice of the A&E department.

The practice was a teaching practice and the newly recruited GP was in the process of completing their training to be a GP trainer.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to mitigate risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>This was in breach of regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>Actions required following a fire risk assessment had not been completed. Significant events were not always recorded at the time they occurred and there was no analysis of significant events to ensure they were not repeated.</p> <p>17 (1) (2) (a)</p>
Regulated activity	Regulation
Diagnostic and screening procedures 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 registered person did not ensure all staff were of good character or were registered with the relevant professional body.</p> <p>This was in breach of regulation 19 (1) (a) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>A Disclosure and Barring Service (DBS) check had not been carried out on all clinicians prior to them starting work. The professional registration of clinicians was not routinely checked.</p>

This section is primarily information for the provider

Requirement notices

19 (1) (a) (4)