

# Hulme Hall Medical Group Cheadle Hulme

## 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 on 15 December 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 and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make urgent appointments when needed but some patients expressed dissatisfaction that they had to wait up to two weeks for a routine appointment.
- 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 had a patient participation group (PPG). Feedback from members of the PPG indicated that communication between the practice and the group was infrequent.
- The practice responded to both written and verbal complaints, appropriate records were maintained and improvements implemented as a result.
- Evidence was available that demonstrated the practice complied with the Duty of Candour requirement.

We saw one area of outstanding practice:

# Summary of findings

- The practice was proactive in promoting the online patient access to full medical records and had been awarded NHS England Beacon status for this work. The practice had consulted with their patient participation group in 2015 and developed a patient consent form to agree to online access. We heard that the consent form had been adopted by number of other clinical commissioning groups. 46% of the practice's patient list was registered for online access with approximately 280 patients registered for full access to their records.

The areas where the provider should make improvement are:

- Establish a rolling programme of regular clinical audit and re-audit.
- Continue to review patient access to routine appointments.
- Continue to review and develop the practice's patient participation group by facilitating access for those who do not have access to IT or have no wish to use IT.
- Provide opportunities for members of the patient participation group to become more actively involved in the development of the practice by improving communication channels.

**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



- Significant events and incidents were investigated and areas for improvement identified and implemented. These were reviewed at weekly clinical meetings, medical administrator team meetings and full team meetings to ensure the required changes were fully embedded into the practice procedures. The practice used every opportunity to learn from internal and external incidents to support improvement, including complaints.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received truthful information, support 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 from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although a planned programme was not available.
- A range of planned meetings were undertaken including weekly partners meetings, weekly clinical meetings, medical administrator meetings and full practice meetings four times per year. Patient health care needs, significant events, safeguarding and complaints were reviewed with appropriate multidisciplinary health care professionals.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received mandatory and role specific training. Staff said they felt supported by the management team and there was good evidence that staff were supported to develop their skills.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## 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 higher than others did in most aspects of care.
- Feedback from patients about their care and treatment was consistently positive.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Where issues had been identified, staff benefited from training to provide good customer care.
- The practice had a designated carer's coordinator who signposted carers to avenues of support, invited them in for health checks and offered immunisations.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in the local neighbourhood complex care multi-disciplinary team.
- Patients said they found it easy to make an urgent appointment on the day but some said they found they had to wait up to two weeks for a routine appointment. The practice offered a GP telephone triage service for patients with urgent healthcare needs.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- Home visits to review patients who were housebound and had a long-term conditions were undertaken.
- A weekly visit to a local care home was undertaken by the same GP to ensure continuity of care.
- The practice had the facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- The practice was awarded Beacon status by NHS England for their research promotion and facilitation of patient online access to their full medical records.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised by verbally and in writing. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision was developed with stakeholders and was reviewed regularly and this was discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles and across two locations in Cheadle Hulme and Handforth.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had a patient participation group, although some members felt communication and participation could be improved.
- 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered a mixture of pre-bookable, on the day urgent appointments and telephone appointments.
- Home visits were available for those with enhanced needs. The practice pharmacist also visited house bound patients to discuss prescribed medicines.
- Planned weekly visits to a local care homes were undertaken by the GPs. This provided continuity of care.
- The practice met regularly with the neighbourhood multidisciplinary team including the advanced nurse practitioner to discuss the complex care needs of patients. Regular palliative care meetings were held with the district nurses and Macmillan nurses.
- Patients over the age of 70 were sent a questionnaire about their health and wellbeing. This was returned to Age UK who could offer support to older patients based on their individual needs. However the practice did not have any data to indicate how effective this was in supporting patients.

### People with long term conditions

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

Good



- The practice achieved higher percentages for the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16 when compared to local and national averages.
- The practice encouraged patients to self refer to education programmes for the management of diabetes and other long term conditions.
- Longer appointments and home visits were available when needed.
- The practice had introduced two new software programmes, one to ensure that patients with a chronic health condition were recalled within appropriate timescales and the second programme was used to identify patients who had not been coded as having a long term condition and therefore were being missed from the patient recall system.

# Summary of findings

- All 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.

## 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.
- The practice held regular meetings to review patients considered at risk or with a child protection plan in place.
- Immunisation rates were comparable to the Clinical Commissioning Group (CCG) rates 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. Systems were in place to safeguard young adults confidentiality.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 76% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG and England average of 75%.
- The practice's uptake for the cervical screening programme was 82%, which reflected the CCG and the national average.
- The practice provided a comprehensive contraceptive and post-natal service.

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.
- The practice offered flexible surgery times including two later evening appointments until 8pm on Mondays and 7.30pm on Tuesdays and from 7am on Fridays. The practice was also open one Saturday per month. Telephone appointments were also available.

Good





# Summary of findings

- The practice was proactive in promoting and offering online services such as full patient record access, booking appointments and ordering prescriptions.
- The practice website also offered information on health promotion and screening.

## 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 who were vulnerable and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## People experiencing poor mental health (including people with dementia)

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

- Data from 2015/16 showed that 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the Clinical Commissioning Group (CCG) average of 85% and the England average of 84%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was slightly lower than the CCG average of 92% and similar to the England average of 89%.
- Data supplied by the practice showed their performance in undertaking a review within 10-56 days after a diagnosis of depression was 84% compared to the CCG average of 71% and England average of 65%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

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.

# Summary of findings

## What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing better than local and national averages. A total of 242 survey forms were distributed, and 116 were returned. This was a return rate of 48% and represented approximately 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone which compared to the Clinical Commissioning Group (CCG) average of 79%. The national average was 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards, all of which were

extremely positive about the standard of care received. Comment cards described the practice, GPs and reception staff as being responsive, caring and willing to listen. However, a couple of comments referred to having to wait a long time to get a routine appointment.

We spoke with one patient on the day and two patients a few days after the inspection who were also members of the patient participation group. All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards. Patients said they could get urgent appointments when needed, and they were complimentary about the staff team.

The practice had a virtual patient participation group (PPG) and we spoke with two members by telephone a few days after the inspection. They told us that they were kept up to date by email from the practice but communication was infrequent and they said they would welcome the opportunity to be more involved in the development and improvement of the practice. One comment card from a member of the PPG also referred to communication difficulties at the practice stating communication was discouraged.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Establish a rolling programme of regular clinical audit and re-audit.
- Continue to review patient access to routine appointments.
- Continue to review and develop the practice's patient participation group by facilitating access for those who do not have access to IT or have no wish to use IT.
- Provide opportunities for members of the patient participation group to become more actively involved in the development of the practice by improving communication channels.

## Outstanding practice

We saw one area of outstanding practice:

- The practice was proactive in promoting the online patient access to full medical records and had been awarded NHS England Beacon status for this work. The practice had consulted with their patient participation group in 2015 and developed a patient consent form to agree to online access. We heard that the consent form had been adopted by number of other clinical

## Summary of findings

commissioning groups. 46% of the practice's patient list was registered for online access with approximately 280 patients registered for full access to their records.

# Hulme Hall Medical Group Cheadle Hulme

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The GP specialist advisor inspected the practice's other location on 14 December 2016. Both practices share the same patient list, practice team and governance arrangements.

## Background to Hulme Hall Medical Group Cheadle Hulme

Hulme Hall Medical Group is part of NHS Stockport Clinical Commissioning Group (CCG) and provides services to a patient population of 11025. Hulme Hall Medical Group is registered with the CQC at two locations Handforth and Cheadle Hulme. However, the practice patient population is on one register, so that patients can potentially attend appointments at either location.

Two inspections of both locations have been undertaken at Hulme Hall Medical Group Handforth 166 Wilmslow Road, Wilmslow Cheshire SK9 3LF on 14 December 2016 and Hulme Hall Medical Group Cheadle Hulme, Cheadle Hulme Heath Centre, Cheadle Stockport, SK8 6LU on 15 December 2016. Services provided at both locations are provided under one personal medical service (PMS) contract.

Therefore, data referred to in both reports including the Quality and Outcomes Framework (QOF) and GP Patient Survey results are the same. The two locations are situated about 2.5 miles apart.

All staff including GPs, nursing staff, the management team and administrative staff work at both locations flexibly to ensure patients are supported appropriately at both registered locations.

The practice is a registered partnership between three female GPs and two male GPs.

Staff include one male and one female salaried GP, two practice nurses, one trainee assistant practitioner, one health care assistant, one phlebotomist, one practice manager, one assistant practice manager, a pharmacist, an IT lead, a clinical data lead and 19 medical administrators. The practice is a training practice for foundation year two doctors and year three GP trainees.

Information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy at 81 and 85 years respectively in the practice geographical area is higher than the England and CCG averages of 79 and 83 years.

The practice's patient population has a similar rate of long standing health conditions at 54% compared to 53% locally and 54% nationally. The percentage of people living in the localities in paid work or full time education at 51% is lower than the regional and national average of 62%.

# Detailed findings

Hulme Hall Medical Group Handforth GP surgery is located in a large Victorian semi-detached house which has been adapted to assist patients with mobility issues. There is a small car park at the side of the building. All consultation rooms are on the ground floor.

Hulme Hall Medical Group Cheadle Hulme is located within a NHS property service health centre. Another GP practice is also located within the building. The building provides seven consultation rooms all with ground level access, which is suitable for people with mobility issues. Limited car parking is available at the practice.

The practice reception desk based at Cheadle Hulme is open from 8am until 6.30pm Monday to Friday. Patients can access appointments for both registered locations (Handforth and Cheadle Hulme) with one telephone number and they can also choose which GP surgery they prefer to attend.

Appointments are available at the Handforth location from 8 am Monday to Thursday and from 7am on Fridays. Later evening appointments are available on Mondays until 8pm and Tuesday until 7.30pm. Wednesday to Friday appointments are available until 6.30pm. Extended hours appointments are available with the GPs, practice nurses and health care assistants.

Appointments are available at the Cheadle Hulme location Monday to Friday from 8am until 6.30pm. The practice is open one Saturday each month and the location alternates between surgeries. Telephone appointments are also available.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to access their medical records, book appointments with GPs and practice nurses and order prescriptions.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2016.

During our visits we:

- Spoke with a range of staff including four GP partners, two salaried GPs, the practice manager, the reception manager, a practice nurse, the trainee assistant practitioner, four medical administrators and one team leader, a health care assistant and three receptionists.
- Spoke with one patient and two members of the patient participation group by telephone a few days after the visit.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients 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

## Detailed findings

- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff were aware of how to record a significant event and had access to a recording form available on the practice's computer system. Staff told us they would also inform the practice manager of any incident they identified or were aware of.
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. All incidents and some complaints were also investigated as significant events. For example, one complaint was investigated as a significant event and this resulted in a hospital consultant attending one of the weekly clinical meetings to discuss the recognition and management of knee injuries. Meeting minutes showed that significant events were discussed and action identified and agreed.
- Staff confirmed there was an open safe environment to raise issues and concerns. A policy was in place to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

### 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 to safeguard children and vulnerable adults from abuse were established. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had one GP designated as the safeguarding lead for both children and adults. All GPs were trained in children's safeguarding to level 3 and had received training in adult safeguarding. The practice had adapted their patient record system so that any information received about a patient automatically flagged up to the staff if the patient was on a safeguarding list or had

special need. A dedicated safeguarding meeting was held every eight weeks and GPs also attended Clinical Commissioning Group (CCG) training updates and meetings.

- The GPs attended patient specific safeguarding meetings when possible and provided reports where necessary for other agencies. They monitored children identified at risk on their patient register and liaised with health visitors and school nurses. Staff we spoke to demonstrated they understood their responsibilities in relation to safeguarding adults and children and had received training appropriate to their role. The practice nurse was trained in children's safeguarding to level 2.
- Systems to ensure patient information was held safely and securely especially when GPs were on home visits were also established.
- Notices displayed at the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was maintained and cleaned by the NHS Property Services. We observed the premises to be clean and tidy. The practice monitored the standards of cleanliness and hygiene and reported any issues and concerns. We observed the premises to be clean and tidy. The practice monitored the standards of cleanliness and hygiene and reported any issues and concerns. The infection control clinical lead liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The local authority health protection nurse had undertaken an infection control audit at the practice in June 2016. This identified one area for improvement which was addressed immediately.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best



# Are services safe?

practice guidelines for safe prescribing. In addition the practice employed a pharmacist for four hours each month who supported GPs with reviewing patients prescribed multiple medicines to treat complex health care needs. Patients received medication review reminders via the electronic prescribing system. The practice carried out six monthly medication reviews.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and health care assistants were trained to administer vaccines against a patient specific direction from a prescriber.
- 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. Recruitment files for the regular locum GPs used by the practice also contained appropriate employment checks.
- There was a system in place to record and check professional registration with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The property landlord, NHS property services ensured a fires risk assessment was in place and regular fire alarm checks were undertaken. Staff were trained with designated fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had copies of other risk assessments in place for the premises such as Legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff including GPs, nursing staff, the management team and administrative staff worked at both locations (Handforth and Cheadle Hulme) flexibly to ensure patients were supported appropriately at both registered locations. Desktop staff rotas were available at each location to ensure staff had a quick access to track the location of specific staff members. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- The practice's computer desktop screen background contained information that staff may requires in an emergency. This included the location of the practice emergency response trays, information on the safeguarding lead, the whistleblowing lead, the Caldecott guardian and the needle stick hotline. In addition an electronic link to the out of hours electronic system to allow easy information exchange was available and links to the British National Formulary (BNF), a medicine resource were also available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency. The instant messaging request was used whilst we were on inspection and we observed an immediate response by a clinician.
- All clinical staff received annual basic life support training. Staff spoken with were knowledgeable about how to respond to medical emergencies.
- The practice had designated red trays containing a range of emergency response equipment such as oxygen, a defibrillator, nebulisers and emergency medicines. All the medicines we checked were in date and stored securely. A first aid kit and accident book were available.
- 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. All staff had a copy of this, within a personal folder provided by the practice.

# 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, this included weekly clinical meetings and attendance at Clinical Commissioning Group (CCG) training masterclasses. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/16 were 99.3% of the total number of points available with a rate of 6.5% exception reporting for all clinical indicators. The rate of exception reporting was lower than the 7.2% average for the Clinical Commissioning Group (CCG) and the England average rate of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data available for the QOF diabetic indicators in 2015/16 showed that most indicators scored higher than local and national averages. For example:

- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months was 79%, compared to the CCG average of 80% and the England average of 78%. The practice had a lower rate of exception reporting at 5% compared to the CCG average of 11% and the England average 12.5%

- The percentage of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 82%, which was slightly higher than the CCG average of 80% and the England average of 77%.
- The percentage of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 87%, which was above the CCG average of 85%, and the England average of 80%.
- 97% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%. However the practice exception reporting rate was also higher.

Other data from 2015/16 showed the practice performance was similar or better than the local and England averages. For example:

- 88% of patients with hypertension had their blood pressure measured as less than 150/90 mmHg in the preceding 12 months compared to the CCG average of 84% and the England average of 82%.
- 76% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 75%.
- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 85% and the England average of 84%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was slightly lower than the CCG average of 92% and similar to the England average of 89%.

The practice had introduced new software, which enabled the practice to recall patients for reviews of their long term conditions more effectively. Another software package the practice used searched patients' records to identify those who may have a long term condition which was not identified or coded correctly. Those identified were invited for a review of their healthcare needs.

There was evidence of quality improvement including clinical audit although a rolling programme of regular clinical audit and re-audit was not established. However the practice advised us after the inspection visit that GPs received protected time to undertake clinical auditing.

# Are services effective?

## (for example, treatment is effective)

- We reviewed two completed clinical audits, one of which examined female patients prescribed the hormone replacement therapy (HRT). This reviewed best practice guidelines regarding the type of HRT prescribed and the length of time the patients had been taking the medicine and the prescription type; repeat or acute. An action plan was put in place which included a face to face review to assess the continued need for the medicine and changing the medicine where appropriate. The re-audit identified a reduction in number of patients prescribed HRT, an approximate 70% reduction in the time of HRT medicine prescribed and an increase in the number patients who had had a face to face review.
- The second clinical audit reviewed patients with coeliac disease (a common digestive condition where a person has an adverse reaction to gluten) and their uptake of vaccinations. In accordance with best practice guidance patients were identified and invited into the practice and offered vaccinations for flu, pneumococcal and meningitis C. The initial re-audit identified improvement in the uptake of the flu vaccination by patients with coeliac disease. However uptake of the pneumococcal and meningitis although improved required further improvements. The re-audit outcome was discussed at a practice meeting in January 2016 and the action taken included contacting patients by telephone to arrange appointments with the practice nurse. A further audit in June 2016 identified there had been an increased uptake of both pneumococcal vaccine from 44% to 70% and meningitis C from 32% to 56%.
- The practice also responded to complaints and significant events to improve the quality and effectiveness of care and treatment to patients. For example, it was identified that the practice response to a blood test result for Prostate Specific Antigen (PSA) used in the diagnosis and monitoring of patients with prostate cancer was not appropriate for a particular patient. As a result the practice was undertaking a review of all patients diagnosed with prostate cancer and identifying the individual patient blood test parameters for a PSA result. Once this work is completed patient electronic records will flag up what each patient's PSA parameter is and this will assist GPs to respond and treat appropriately.
- The practice participated in local audits, national benchmarking, accreditation and peer review. The

practice supplied data, which benchmarked its performance against other practices locally and within Stockport CCG. Data supplied by the practice for the twelve months between August 2015/16 showed its number of A&E attendances were lower than the majority of other GP practices in the CCG. In addition, the GP referred emergency admissions were also lower than those within the practice neighbourhood locality and the practice's prescribing costs were also lower than most other practice within the CCG.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us about the regular ongoing training they had received including safeguarding, fire safety awareness, basic life support and information governance. Practice staff confirmed they had access to online training as well as face to face training. A comprehensive spreadsheet of all staff training including GPs, nurses and medical administrators was available.
- The practice could demonstrate how it 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 online resources, discussion at practice meetings and attendance at regular training updates.
- 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.
- The staff team were actively encouraged and supported with their personal development. All staff had had an appraisal and staff told us how the practice had supported them with their development. For example, the trainee assistant practitioner told us how she had

# Are services effective?

## (for example, treatment is effective)

commenced employment at the practice as a receptionist. They said over the last few years they had been supported and encouraged to develop their skills and abilities, commencing with phlebotomy training, then training for level 3 health care assistant and now they were supported to obtain the assistant practitioner degree.

- The practice was a GP training practice and supported foundation year two doctors with their post qualification training and third year GP speciality 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 plans, medical records and investigation and test results.
- The practice manager, working with the GPs, had developed an electronic recording template to update patient care plans whilst GPs were out on visits to patients at home or within a care home.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

### 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 and Deprivation of Liberty Safeguards (DoLS).

- 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 82%, which reflected the CCG and the national average of 81%.
- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was higher than the CCG and national average. For example data from 2014/15 showed that 75% of females aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared the CCG average of 70% and the England average of 72%. Data also showed screening for bowel cancer was higher at the practice with a rate of 60% for people screened within the last 30 months compared 56% for the CCG and 58% for the England averages.
- Childhood immunisation rates for the vaccinations given in 2015/16 were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 63% to 95% compared to the CCG range of 69% to 91%. Rates for five year olds ranged from 71% to 95% compared to the CCG range of 85% to 92%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–70. 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.

We received 18 comment cards, all of which were extremely positive about the standard of care received. Comment cards referred to both locations Handforth and Cheadle Hulme positively describing the practices and the staff as being helpful and caring.

We spoke with one patient at the Handforth location on the day of the inspection and they were complimentary about the quality of care they received from the GP. They did say they had to wait up to two weeks to get a routine appointment. This observation reflected the information we received from a couple of CQC comment cards. Patients said they could get urgent appointments when needed.

We spoke with two members of the practice's patient participation group (PPG) after the inspection visit. They confirmed that the PPG was more of a patient reference group with contact mainly via email. We heard that contact from the practice was infrequent and patients would welcome the opportunity to be more involved in the development and improvement of the practice. One comment card from a member of the PPG also referred to communication difficulties at the practice stating communication was discouraged. However all contact with PPG members referred to the high standards of care they received.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service

provided to patients similar to or higher than the averages for the Clinical Commissioning Group (CCG) and England. Results showed patients felt that they were treated with compassion, dignity and respect. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England average of 87%.

### Care planning and involvement in decisions about care and treatment

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

The practice ensured vulnerable patients such as those who were housebound or had a long term condition had an agreed plan of care in place. All housebound patients benefited from home visits from GPs and practice. We were told that 2% of the patient population over the age of 18 had a care plan recorded and examples of these were available.

Results from the national GP patient survey showed patients' responses reflected the averages for the CCG and England when asked about their involvement in their care. For example:



## Are services caring?

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop system was available for those people with hearing impairment and a sign language service was also available if required.

### **Patient and carer support to cope emotionally with care and treatment**

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

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

The GPs were very knowledgeable about the needs of patients and their individual circumstances. Patients we spoke with provided different examples of this. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers, which was approximately 1% of the practice population and 170 patients who were being cared for. The practice had recently introduced a carer's coordinators role who monitored carers on their carer's list and linked them electronically where appropriate to the patient, if registered, who was being cared for. The carer's coordinator sent letters out to carers to invite them in for an NHS health check and flu vaccinations. In addition, the care coordinator rang patients with a learning disability or dementia the day before their scheduled appointments as a reminder.

Staff told us that families with new babies were sent a welcome card and with information about the mum's postnatal check and the baby's first immunisations. A condolence card was also sent to families that had suffered bereavement. The practice offered support to bereaved patients in line with their wishes.

# 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.

- All patients could access extended hours appointments at the Handforth location on Mondays until 8pm, Tuesdays until 7.30pm, Friday morning from 7am and one Saturday each month.
- There were longer appointments available for patients with a learning disability or special health care need and home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- GPs visited housebound patients with a long term condition to carry out regular monitoring and review.
- The practice provided care and treatment to patients living in a local care home. Planned weekly visits were undertaken by a dedicated GP. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients. Additional visits were provided in an emergency.
- The GPs called patients into their appointment personally to promote good communication and establish rapport.
- The practice had recently introduced a carers coordinators role who was responsible for monitoring carers on the practice register and sent letters out to carers to invite them in for an NHS health check and flu vaccinations.
- The practice pharmacist was undertaking reviews of patients prescribed several medicines to check that these were appropriate. They had undertaken 80 reviews so far.
- The practice also participated in the local scheme 'GP Consultant Connect'. This enabled GPs to contact a hospital consultant to discuss a specific patient health condition. The aim of this was to provide a more responsive service to the patient and potentially reduce the need for a hospital referral.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- The practice had the facilities and was well equipped to treat patients and meet their needs.
- The practice was in the process of developing an extra support service to a local residential and day school for children and young adults with complex communication and health care needs.
- The practice was awarded Beacon status by NHS England for their research promotion and facilitation of patient online access to their full medical records. The Beacon status is awarded in recognition excellence and innovation within the healthcare system. The practice had consulted with their patient participation group in 2015 and developed a patient consent form to agree to online access. We heard that the consent form had been adopted by number of other clinical commissioning groups in the country. 46% of the practice patients list was registered for online access with approximately 280 patients registered for full access to their records.

### Access to the service

The practice reception was open Monday to Friday from 8am until 6.30pm Patients could access appointments for both registered locations (Handforth and Cheadle Hulme) with one telephone number.

Appointments were available at the Cheadle Hulme location Monday to Friday from 8am until 6.30pm. The practice was open one Saturday each month and the location alternated between the two surgeries. Telephone appointments were also available.

The practice regularly monitored and reviewed its appointment availability against patient demand. A mixture of urgent and routine appointments were available daily and telephone appointments were available. The practice also offered a GP telephone triage service for patients with urgent healthcare needs. The practice released appointment slots at intervals through the week to ensure there were sufficient urgent and routine appointments available to meet demand. On the day of our visit, one routine appointment was available for the following morning.

Patients told us that on occasion they had to wait up to two weeks to get a routine appointment but they said they could always get an urgent on the day appointment. Patients spoken with and who had experienced the GP telephone appointment service said this was useful.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice facilitated and encouraged patients to use the online patient access to book appointments with GPs and practice nurses and to order repeat medicines. The practice manager told us that there was no restriction on how far in advance patients could book appointments. In addition the practice used a text messaging service to notify patients of blood test or X-ray results.

Results from the national GP patient survey (July 2016) showed that patients' satisfaction with how they could access care and treatment reflected local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- 93% said the last appointment they got was convenient compared to the CCG average of 93% and England average 92%.

## Listening and learning from concerns and complaints

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

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

The practice logged and responded to both written and verbal complaints. We reviewed the three complaints received by the practice in the last 12 months and observed that these were responded to appropriately with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had responded to a complaint regarding a blood test for Prostate Specific Antigen (PSA) and was implementing action to improve patient safety.

The practice also logged compliments and minutes of team meetings showed that these were also shared with the team alongside the discussions about complaints.



# 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 stated its aim was “To provide the highest quality NHS general practice care”. More recently, a staff meeting had identified an additional statement, “Together we achieve more”.

- The practice had a practice development plan that detailed the actions with timescales that the practice wanted achieve. Practice leads were identified for each area of responsibility. Areas identified included financial, premises, staff, clinical, caring, IT and neighbourhood working.
- The practice held weekly clinical meetings, regular partner’s meetings and full practice meetings four times each year.
- There was a commitment by all the practice staff to deliver a quality service. The staff we spoke with were all committed to providing a high standard of care and service to patients. Feedback from patients indicated they felt the service they received was of a high standard.

### 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:

- The practice manager ensured the practice’s comprehensive policies and procedures were reviewed regularly and accessible to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice partners had distinct leadership roles and there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice encouraged inclusive team work and all staff were clear on their specific areas of responsibility and leadership.
- Clinical governance procedures were well established and reviewed regularly.

- Clinical audit, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for the individual, although a clinical audit plan would develop the practice’s governance arrangements further.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were reviewed regularly.
- The practice engaged with the Clinical Commissioning Group (CCG) and attended meetings to contribute to wider service developments.

### Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were very 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). 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 support, truthful information and an appropriate 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. A range of meeting minutes were available. The practice meeting agenda was accessible to all staff and they were encouraged to add items to this for discussion at the meeting.
- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

# 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), which was an online group. The practice manager confirmed they had gained feedback about patient online access by posting out questionnaires to members of the group and holding a face to face meeting in 2015. The PPG feedback was invaluable in developing a patient consent form to use patient online access. The practice manager confirmed that she had not undertaken any additional patient surveys since then.
- Both verbal and written feedback from members of the PPG indicated contact from the practice was by email but this was infrequent. Patients told us they would welcome the opportunity to be more involved in the development and improvement of the practice. However, feedback from the PPG members referred to the high standards of care they received.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff attended staff away days and the CCG training courses (Masterclasses). 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 recognised future challenges and opportunities and had plans in place to develop the services they provided. This included developing online access for patients further. The practice manager was exploring the use of smart phone applications (apps) to encourage patient participation in the monitoring of their health for example people with diabetes.
- The practice manager told us about their plan to set up online workshops in the community for patients who do not use or have access to computers to promote patient online access.
- The practice was a GP teaching practice and supported doctors undertaking foundation training and GP trainees.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care. This included working with the Stockport GP federation and neighbourhood working.

The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.