Woodlands Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Woodlands Medical Practice on 19 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. They had developed a Chadderton research hub that was in its early stages.
- The practice encouraged staff to have other roles. For example, staff had involvement with the clinical commissioning group (CCG) and one partner sat on Oldham Council's Health and Wellbeing Board.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. They carried out social prescribing as a way of holistically treating patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient participation group. For example an electronic check in facility had been installed at the reception desk. The PPG also liaised with the local Healthwatch.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw two areas of outstanding practice:

- The practice promoted social prescribing as a way of treating patients holistically without necessarily prescribing medicines. This included a bereaved patients being introduced to others to help with social isolation, and help given to a patient with housing needs following the death of a relative.
- The patient participation group (PPG) had been established for 20 years. The practice actively encouraged and valued feedback from patients and the PPG gave examples of recommendations they had made that the practice had acted upon.

We also saw one area where improvements should be made:

- The practice should ensure carers are identified so appropriate support could be provided. The practice had identified 0.3% of their patients as carers and this was a low amount.

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were usually above average compared to the national average.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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 for several aspects of care.

Summary of findings

- Additional support was given to single females under the age of 20 who were pregnant. This continued into the ante-natal period.
- The practice used social prescribing to help patients with a variety of issues including social isolation following bereavement.
- The patient participation group (PPG) was actively involved in the practice and improving patient's journey and making suggestive changes within the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Families were contacted following a bereavement, and additional support was offered.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had introduced a system to follow when a patient requested a home visit. This ensured there was no confusion about which GP would attend and GPs received a reminder to prompt them to carry out the visits after their surgeries.
- The practice promoted social prescribing as a way of treating patients holistically without necessarily prescribing medicines. The referral system had recently changed but the practice had close links with the district team that developed the scheme.
- Early morning appointments were available daily and the practice had started to hold early morning asthma clinics in response as working patients struggled to attend the other clinics.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had trialled different appointment systems and monitored the current system to ensure patients' needs were met.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

Are services well-led?

Good

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 had been produced with stakeholders and was regularly reviewed and discussed with staff.
- As well as GP partners the practice had a nurse practitioner and senior practice nurse as partners. They were fully embedded in the management and leadership of the practice.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The patient participation group (PPG) had been active for 20 years. They felt listened to and were able to suggest improvements to the practice. We saw examples of the practice making the improvements suggested.
- There was a strong focus on continuous learning and improvement at all levels. Staff told us they were supported in their roles outside the practice, for example in the clinical commissioning group (CCG), as it was recognised that the practice and patients would benefit from this.

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

Good

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. Home visit requests were well managed.
- Most staff were trained as Dementia Friends.
- Annual health checks were offered to patients over the age of 75.

People with long term conditions

Good

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

- Nursing staff worked closely with the GP leads so additional support for patients with complex needs could be offered. A system was in place so that patients usually attended for a review of their long term condition with the greatest need. All other conditions were also reviewed at this appointment to avoid unnecessary duplication.
- Longer appointments and home visits were available when needed, with a failsafe system being in place to manage home visit requests.
- In response to requests from some patients some long term conditions clinics were held early in the morning to make it easier to attend.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 89.8%. This was better than the local average of 81.8% and in line with the national average of 89.2%.
- 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.

Families, children and young people

Good

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 or who did not attend appointments. We saw an example of a safeguarding concern being raised following staff discussion about a child who did not attend an appointment.
- Immunisation rates were higher than average 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.
- The practice's uptake for the cervical screening programme was 92.13%, which was higher than the CCG average of 81.94% and the national average of 81.83%. 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, health visitors and school nurses. Regular multi-disciplinary team meetings were held and there was a communications book so messages to other healthcare professionals could be left.

Working age people (including those recently retired and students)

Good

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.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was piloting video consultations and was looking at ways to improve these.
- The practice offered early morning appointments for patients who worked. Weekend appointments were also available within the Chadderton hub.
- Telephone consultations were available and the times of these could be flexible for patients who worked.
- NHS health checks were offered to patients over the age of 40.

People whose circumstances may make them vulnerable

Good

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 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.

People experiencing poor mental health (including people with dementia)

Good

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

- Most staff were trained as Dementia friends and there was a Dementia Champion.

Summary of findings

- Performance for mental health related indicators was 100%. This was better than the local average of 91.7% and the national average of 92.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 performing in line with local and national averages. 284 survey forms were distributed and 110 were returned. This was a completion rate of 39%, which represented 1.15% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 79% 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 81% and the national average of 81%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which all positive comments about the standard of care received. Patients stated reception staff were polite and helpful, and that the practice was clean.

We spoke with 14 patients during the inspection, which included five members of the patient participation group (PPG). Most comments about the practice were positive, with patients saying they could access appointments, including telephone consultations, when needed. Patients told us they thought the practice was hygienic, and they said they felt involved in decisions about their care.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure carers are identified so appropriate support could be provided. The practice had identified 0.3% of their patients as carers and this was a low amount.

Outstanding practice

- The practice promoted social prescribing as a way of treating patients holistically without necessarily prescribing medicines. This included a bereaved patients being introduced to others to help with social isolation, and help given to a patient with housing needs following the death of a relative.
- The patient participation group (PPG) had been established for 20 years. The practice actively encouraged and valued feedback from patients and the PPG gave examples of recommendations they had made that the practice had acted upon.

Woodlands Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Woodlands Medical Practice

Woodlands Medical Practice is located in the centre of the Chadderton area of Oldham. It is a purpose built (in 1977) two storey building with patient access to the ground floor only. There is car parking available. The practice is accessible to patients with mobility difficulties but the practice was looking at ways this could be improved.

The practice has four GP partners and two salaried GPs. Four GPs are male and two female. The practice is a training practice and there is usually as trainee GP at the practice.

In addition to the GPs there is a nurse practitioner, four practice nurses, two healthcare assistants and a phlebotomist. There was a practice manager and several reception and administrative staff. The nurse practitioner and the senior practice nurse are partners in the practice.

At the time of our inspection there were 9540 patients registered with the practice. The practice is overseen by NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under a Personal Medical Services (PMS) contract.

The practice has an average patient population with regard to gender and age mix, although here was a slightly higher than average number of patients in the 65 to 69 age group.

The practice was in the fifth most deprived decile and life expectancy was around the local and national average. There is a slightly higher than average number of patients with a long term health condition.

There is an out of hours service available provided by a registered provider, Go to Doc.

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 on19 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and administrative staff.
- Spoke with patients attending the practice.
- Spoke with members of the patient participation group (PPG).

Detailed findings

- Observed the waiting area and how patients were spoken with at the reception desk.
- 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
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff, including non-clinical staff, were aware of what needed to be recorded as a significant event. They knew how to record incidents and significant events and were able to approach to the GPs or the practice manager if advice or guidance was needed. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that significant events were discussed at practice meetings, although they were not a standing agenda item. All staff confirmed any learning from significant events was shared with the whole team. Additional training was arranged when this was felt necessary.
- The practice carried out an analysis of the significant events. There was no review date on the significant event template and the practice manager told us they would amend the template following the inspection.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- Monitoring of children who did not attend pre-booked appointments took place. Discussions took place at the monthly meetings. We saw an example of concerns being identified following one of these discussions, where staff were able to identify a connection between incidents reported. As a result of the discussion a safeguarding referral was made an appropriate action taken.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Four GPs had also received training in Aseptic non-touch techniques (ANTT) a tool used to prevent infections in healthcare settings. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice used electronic prescribing, and where paper prescriptions were used their serial numbers were logged and blank prescriptions were kept in a locked drawer. Patients signed when they collected prescriptions. Daily fridge temperature checks were

carried out and fridges also had an electronic data logger to identify specific issues if the temperature was found to be outside the required range. A vaccine transport and storage audit had been carried out in February 2016 to assess the cold chain.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. These included proof of identity, employment history, references, qualifications and registration with the appropriate professional body. Appropriate checks through the DBS had been carried out. These checks were also carried out when locum GPs worked at the practice.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The management team was in the process of changing and we saw the practice was trialling different models before finalising the arrangements.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Good

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 patients' needs. Updates were shared at practice meetings and we saw that updates were discussed with all relevant staff to ensure understanding. All updates were kept on a shared drive on the practice's computer system so staff could refer to them at any time.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- We saw that Medicines and Healthcare products Regulatory Agency (MHRA) alerts were also shared with appropriate staff. Actions taken included writing to patients where necessary to raise patient awareness.
- Protocols, such as the hypertension protocol, were discussed at meetings to ensure all relevant staff had adequate awareness.

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 98% of the total number of points available. The clinical exception rate was 4.9%, which was below the CCG average of 6.8% and the national average of 9.2%. Exception rates ensure practices are not penalised, for examples when patients did not attend for a review or they cannot prescribe a certain medicine due to a side effect.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 89.8%. This was better than the local average of 81.8% and in line with the national average of 89.2%.
- Performance for mental health related indicators was 100%. This was better than the local average of 91.7% and the national average of 92.8%.

  There was evidence of quality improvement including clinical audit. The practice kept an audit summary to refer to.
- There had been several clinical audits completed in the last two years, including completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, prescribing of Omega-3 (A class of essential fatty acids found in fish oils especially that acts to lower the levels of cholesterol) supplements are not advised for patients with heart problems. An initial audit identified 60 patients where Omega-3 may not have been appropriate. Following a two cycle audit this had reduced to 10 patients being prescribed the medicine.

The practice had a robust system in place for managing patients with long term conditions. If patients had multiple long term conditions they usually attended just one appointment to avoid duplication. They had a hierarchy of conditions to determine which condition took priority and so which clinician they would see. The healthcare assistant had recently started to be involved in the management of long term conditions. The carried out initial tests. For example, if a patient was attending for a diabetic review they would carry out blood tests and also check their height, weight and other indicators so as much information was known prior to the main appointments. This meant the actual review was spent discussing the condition rather than fact finding.

In addition, each long term condition had a lead GP and lead nurse. They worked together and determined what audits were relevant for the condition. The lead nurse for diabetes explained that for complex diabetic patients they could book an appointment where the lead GP was also present.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff told us there was a joint responsibility between themselves and their line manager when reviewing their training and they regularly updated their training. Administrative staff were also informed by their line manager when on-line training needed to be updated. Face to face training took place during the monthly half day closures.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice manager held a document to monitor all training and this gave alerts when training updates were required.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs, including those receiving palliative care. Minutes were kept of these meetings. Health visitors did not routinely visit the practice but a message book was kept for them so updates were not missed.

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. Most staff had completed on-line training in consent and the Mental Capacity Act 2005. One of the GPs had attended more in-depth Mental Capacity Act 2005 training and this had been cascaded to the whole team during one of the monthly half day practice closures. This training had also included 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.

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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 consumption. Patients were signposted to the relevant service.

Good

Are services effective?

(for example, treatment is effective)

- There was an alert on the practice's computer system of patient's receiving palliative care. This was so all staff were aware that if they contacted the practice they must be given an urgent appointment or a home visit must be arranged.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 92.13%, which was higher than the CCG average of 81.94% and the national average of 81.83%. If patients did not attend their cervical screening test the practice wrote to them and telephoned them to encourage them. They also followed up patients who did not attend for breast or bowel screening. They wrote to patients to remind them of the importance of attending, and they sent information leaflets to explain the procedures in more detail.

Childhood immunisation rates for the vaccinations given were higher than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.9% to 84.8% and five year olds from 74.5% to 76.5%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, where patients were then referred for a review of their long term condition if appropriate. NHS health checks for patients for patients over the age of 40 were offered, and at the time of our inspection 864 out of the patients 2611 eligible had attended for a check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Health checks for the over 75s were also carried out.

Health information and information about services in the local area was available in the waiting room. We inspected during Dementia awareness week and the practice had a display in the waiting room with a member of staff on hand to give information.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect. The staff greeted patients kindly and could explain various patients' needs and preferences on discussion.

- 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.
- Most staff were trained as Dementia Friends and there was a practice dementia champion.

All of the four patient Care Quality Commission comment cards we received were positive 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 five members of the patient participation group (PPG) which has been active since 1996 and had over 60 members. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG told us they felt they were kept up to date with developments within the practice, and they felt valued and listened to. They said that their initiatives that the practice had supported included installing an electronic check in in reception and liaising with the local Healthwatch. They were also addressing disabled access to the practice. The PPG analysed the NHS Friends and Family results. The nine other patients who we spoke with also confirmed these comments.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The results were in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The nursing team had a policy to provide support to single females under the age of 20 who were pregnant. Additional support and guidance was provided throughout their pregnancy and the post-natal period to ensure they were given all the information the required and could access relevant services. The nursing team also gave us an example of two married patients with memory difficulties, whose next of kin lived abroad. After gaining the necessary consent they liaised with the next of kin about appointments when necessary, and helped arrange transport so they could attend appointments without difficulty.

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. We also saw that care plans were personalised.

Good

Are services caring?

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national 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. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (0.3% of the practice list). Information about local carers' groups was available. Annual health checks were also offered to patients who were carers.

Staff told us that if families had suffered bereavement, their usual GP telephoned them and sent a condolence card. Information about bereavement support was included in the card.

The mental health charity MIND attended the practice weekly to see patients with pre-booked appointments. Counselling was available locally with Healthy Minds. As well as being referred by a GP patients could also self-refer to this service.

The practice participated in social prescribing. This initiative was started by Oldham Council but now run by another agency. The practice told us of positive interactions with patients accessing this service. Examples included recently bereaved patients being introduced to each other to form a friendship, and a patient who was unable to remain in a property following a bereavement so help was offered.

Good

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 was open daily between 7.30am and 6.30pm. Appointments were from 7.30am daily and continued throughout the day until 6pm.
- Patients were able to access a GP during the weekend via a service provided by the Chadderton hub.
- An asthma clinic was held at 7.30am once a week in response to working patients struggling to attend during normal hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The reception desk was all one height making it difficult for patients using a wheelchair. Plans for changes had been made and a new reception desk was planned to be installed within the following two months.
- Although the practice was accessible by patients using wheelchairs the ramp was quite long, going around the building. The practice told us they were looking at ways to address this.
- The practice promoted social prescribing as a way to look holistically at a patient's needs. They had close links with the district team who had developed the scheme although the referral process had recently changed.

Access to the service

The practice was open between 7.30am and 6.30pm, with appointments being available with different GPs throughout the day from 7.30am until 6pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were also available.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 75%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%. The practice manager told us there had been some issues with the telephone system in the past and it took a while for the telephone company to rectify the issue. They said they put notices up in the waiting room to apologise to patients during this period. This issue had been resolved by the time of our inspection.

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them. We saw that the next available routine appointment was in four working days time, and urgent appointments were fit in at the end of surgeries so everyone who had a clinical need to be seen on the day was seen. The practice manager told us they used to carry out monitoring of the appointments system every six months. No records had been kept but they said no issues had been identified. The practice told us they had also trialled open access surgeries and triage systems for appointments but they had not been successful.

The practice had a system in place to assess:

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

When a patient requested a home visit reception staff completed a template. GPs initialled the templates to indicate who would carry out the visit. An electronic task was then sent to the GP as a reminder to ensure the visits were carried out. The practice told us this reduced the risk of visits not being carried out. Nurses also carried out home visits, particularly for long term condition reviews and blood tests.

Good

Are services responsive to people's needs?

(for example, to feedback?)

When a patient requested an urgent appointment reception staff had a protocol to follow so they could identify if an appointment was the most appropriate action, of if the patient should attend the A&E department.

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. This included a complaints leaflet available in the waiting room and information on the website.

We looked at the five complaints received in the year 2015-16. These had been satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. Complaints were discussed in practice meetings where appropriate, but although minutes confirmed they were discussed they were not a standing agenda item. There was an annual meeting held to analyse complaints to ensure lessons learned were embedded.

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 and staff knew and understood the values. The mission statement was available on the website and in the practice leaflet.
- 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.
- Policies were in place regarding how many staff could take annual leave at one time. The GP holiday rota was a standing agenda item at management team meetings so staff holidays could be monitored and discussed. There was a display board in the waiting area with photographs of all clinical staff. This showed which clinicians were in on the day and who would be on duty the following day.
- The management team had a monthly checklist and discussion about the financial probity of the practice.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

In addition to GP partners, the nurse practitioner and senior nurse were also partners in the practice. They had been partners since 2005. We saw that they were fully embedded in the management and leadership of the practice, which showed clinical commitment. All the partners had regular formal meetings, and having members of the nursing team as partners meant all partners had more complete insight into the performance and progress of the practice.

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

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

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

- Staff told us the practice held regular team meetings. There were full practice meetings, nurse meetings, GP meetings and management team meetings for all the partners and the practice manager.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Good

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

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.

- The practice looked at succession planning. There were changes within the management team in advance of a staff member retiring. We saw that the staff member was reducing their hours and their replacement had been appointed in advance so there was an overlap of expertise and a full training programme could be arranged. Approximately once a year the management team had an away day during the weekend where the staffing structure and succession planning was discussed.

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). The PPG was established in 1996 and had over 60 members, although not all these attended meetings. They had a remit and the PPG members we spoke with told us they felt able to give constructive criticism to the practice. Meetings were held approximately every three months, and at least one representative from the practice attended each meeting. Outside speakers sometimes attended the meetings. The PPG told us they felt they were kept up to date with developments within the practice, and they felt valued and listened to. They said that their initiatives that the practice had supported included installing an electronic check in in reception and liaising with the local Healthwatch. They were also addressing disabled access to the practice. The PPG analysed the NHS Friends and Family results and felt involved in looking at patient feedback and suggesting ways the practice could make improvements.
- The practice analysed the results of the national GP patient survey. We saw evidence that the results were discussed in practice meetings and actions put in place where appropriate. In 2014-15 access to appointments had been a particular issue. We saw the practice's completed action plan and saw an additional nurse had been employed and the working hours of the healthcare assistant were increased.
- The practice carried out their own patient satisfaction surveys looking at particular issues. I the last 12 months they had surveyed patients who had had minor operations and joint injections, and also patients having a contraceptive implant. Positive feedback was obtained from both surveys

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had started to trial video consultations. These were in their early stages and they were looking at ways to improve the process. They were also piloting a virtual clinic for patients with chronic obstructive pulmonary disease (COPD).

Staff told us they were encouraged to have roles outside the practice, for example with the clinical commissioning group (CCG). Nursing staff told us they were supported in their outside roles as the partners recognised this would improve their knowledge and therefore lead to improved outcomes for patients. Two staff had recently been funded by the practice to attend a leadership and development course, to be completed before the end of 2016. One of the partners told us they were a research active practice, with one partner developing a Chadderton hub for research. This was in its early stages.

The practice is a training practice and GP registrars regularly worked at the practice.