

Radcliffe Medical Practice

Quality Report

Radcliffe Primary Care Centre

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Manchester

Greater Manchester

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Radcliffe Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Radcliffe Medical Practice on 2 February 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 the skills, knowledge and experience to deliver effective care and treatment.
- The safeguarding procedures needed to be developed to reflect current guidance.
- 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.
- Thorough recruitment procedures were not always carried out before staff were employed.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A recent infection control audit had not been completed.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

Summary of findings

- Thorough recruitment procedures must be carried out before staff are employed.
- An annual infection control audit must be completed.

In addition the provider should:

- Expand the level of information in the practices safeguarding procedures.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice, although information recorded needs to be more comprehensive to demonstrate lessons learned and changes to practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 although the safeguarding procedure needs to be updated.
- Overall, risks to patients were assessed and well managed.
- Thorough staff recruitment procedures were not always followed.
- Systems were in place to safeguard patients from the risk of infection, although an annual audit of infection control had not take place.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. 87.38% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. This compared to a national average of 85.18%.
- 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 was available and easy to understand.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the 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 good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

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 patients.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- Care plans and health checks were provided as needed with regular medicine reviews carried out.
- The building is accessible for patients who may have mobility problems
- Influenza and pneumococcal vaccination clinics were available.
- Patients with complex needs were discussed at a multi-disciplinary team meeting to ensure their needs were met.
- Referrals to social services were undertaken to assess and identify a patient's social care needs.
- Referrals to other services were regularly made, for example the falls service and dietetic service.
- The practice identifies carers for older patients and staff plan to work more closely with the Staying Well Team.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was worse than the national average.
- CQC data indicated that the practice fell below the national average for figures relating to diabetes rates.
- Longer appointments and home visits were available when needed.
- 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.
- The practice nurse is a nurse prescriber which facilitates her work with patients with long term conditions.

Summary of findings

- There is a conscious emphasis on educating and informing patients about how to look after themselves in order to maintain good health.
- Post-hospital discharge care plan reviews were carried out with patients who attended

A&E unnecessarily.

- Pre-diabetes monitoring and NHS health checks were carried out to identify patients who may potentially be at risk of developing a long-term chronic condition.
- An in-house smoking cessation service was available.
- Referrals to the health centre physiotherapy services were made to support patients with mechanical back pain and other condition such as osteoarthritis.
- Regular palliative care meetings were held to discuss patients with cancer and long-term chronic conditions.

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 younger patients who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- 58.72% of patients with asthma, on the practice register, have had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions. This compares to a national average of 58.72%.
- 74.13% of women aged 25-64 are recorded as having had a cervical screening test in the preceding 5 years. This compares to a national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GPs worked with midwives, health visitors and school nurses to support families children and younger patients.
- There was a dedicated child & adult safeguarding lead. Safeguarding training had been provided to practice staff.
- The health visitor worked from within the health centre which allowed for good communication. Regular three monthly meetings took place to discuss cases involving children with safeguarding issues.
- Midwifery services were provided weekly.

Good



Summary of findings

- Childhood immunisations were undertaken and strongly encouraged by GPs when doing six-week checks on babies.

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).

- Patients' health care needs had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Practice nurse and health care assistant appointments were available from 8 am.
- Routine GP appointments were available to pre-book in advance from 8.30am.
- NHS health checks were routinely encouraged.
- A flexible appointment system was available along with extended hours as part of the Healthier Radcliffe Scheme. Appointments were available every weekday until 8 pm and at weekends and bank holidays between 8 am and 6 pm.
- The practice was open from 8am to 6pm which meant patients could collect prescriptions or book appointments during their lunch hour.
- Text messaging was used routinely as a reminder for patients to keep their appointments.

Good



People whose circumstances may make them vulnerable

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

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of patients deemed to be vulnerable.
- 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.
- The practice had started a register of patients who were identified as vulnerable.
- Patients with a learning difficulty were offered annual health checks with the practice nurse.

Good



Summary of findings

- Vulnerable patients were signposted to relevant community support groups such as Healthy Minds.

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).

Good



- 86.54% of patients with schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compares to a national average of 88.47%.
- 85.71% of patients diagnosed with dementia have had their care reviewed in a face-to-face review in the preceding 12 months. This compares to a national average of 84.01%.
- 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.
- Patients are given information about how to access various support groups and voluntary organisations.
- A system was in place to follow-up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff understood how to support patients with mental health needs and dementia.
- Staff understood the Mental Capacity Act and this was used by GPs and nurses.
- One GP had undergone specialist dementia training and staff were trained in dementia awareness.
- Dementia screening and dementia care plans were used to support patients with dementia and their carers.
- Regular referrals were made to the community service Healthy Minds and other mental health services.
- The practice ran a two-weekly alcohol advisory service along with an in-house drugs advisory service for patients with substance abuse issues.
- A photograph of each member of staff and their details was displayed in the patient waiting area.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. 384 survey forms were distributed and 120 were returned. This represented 1.4% of the practice's patient list.

- 80.62 % of patients found it easy to get through to this surgery by phone compared to the CCG average of 68.2% and a national average of 73.32%.
- 86% % of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.7%, national average 85.2%).
- 92.3% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 85.1%, national average 84.8%).
- 88.5% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77.4%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 40 comment cards which were all positive about the standard of care received. Patients considered the quality of care as excellent and described the staff as professional and helpful. They said the reception staff did everything they could to help and the GPs were patient, caring and listened to what they had to say. They said the nursing staff were attentive to their health care needs. Patients commented on the standard of cleanliness throughout the building.

We carried out telephone interviews with six patients after the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice invited patients within the practice to complete the NHS Friends and Family Test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2015. This indicated that overall, patients were 'extremely likely' to recommend the practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

The area where the provider must make improvements is:

- Thorough recruitment procedures must be carried out before staff are employed.
- Carry out an annual infection control audit.

Action the service **SHOULD** take to improve

In addition the provider should:

- Expand the level of information in the practices safeguarding procedures.

Radcliffe Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Radcliffe Medical Practice

Radcliffe Medical Practice is located in Radcliffe, Greater Manchester. The practice is located in a large health centre which also houses other GP practices and health care services such as a pharmacy, health visitors and an optician. There is easy access to the building including a lift and disabled facilities are provided. There is free parking next to the practice. There are six GPs working at the practice. Three GPs are partners, all male and three GPs are salaried, all female. There are two part time practice nurses and one health care assistant (all female). There is a full time practice manager and a team of administrative staff.

The practice opening times are Monday to Friday 8.00 am to 6.00 pm. The practice appointment times are:

Monday: 8.20 am to 12 noon and 14.30 pm to 5.10 pm

Tuesday: 8.20 am to 12 noon and 2.00 pm to 5.30 pm

Wednesday: 8.20 am to 12 noon and 2 pm to 5.30 pm

Thursday: 8.30 am to 1.30 pm and 2.30 pm to 5.30 pm

Friday: 8.30 am to 11.30 am and 1.30 pm to 5.30 pm

The practice is a part of the Extended Working Hours / Prime Ministers Challenge Fund. This means patients can access a designated GP service in the Bury area from 8.00 am to 8.00 pm on weekdays and 8.00 am to 6.00 pm at weekends and bank holidays.

Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the usual surgery number and the call will be re-directed to the out-of-hours service.

The practice is a GP teaching and training practice (Teaching practices take medical students and training practices have GP trainees and First Year doctors).

There are 8455 patients on the practice list. The majority of patients are white British with a high number of elderly patients and patients with chronic disease prevalence. There is a smaller Pakistani population group.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Bury Clinical Commissioning Group to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the practice nurse, a health care assistant and two reception staff.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Carried out telephone interviews with six patients.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and information was reviewed annually to identify trends. Some improvements could be made to the action plans drawn up to demonstrate learning and changes made to practice. Also the summary of discussions held was not completed.

We reviewed safety alerts received by GPs. These were discussed during clinical meetings. We looked at one example whereby GPs had invited patients prescribed a specific medicine for annual blood pressure checks. However, there had been no check on how many patients had responded to this invitation.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies provided contact information for further guidance if staff had concerns about a patient's welfare. However, the guidance needed to be updated to reflect current guidelines about female genital mutilation and sexual exploitation, information about how to act if there was an allegation against a member of staff and the name of the Local Authority Designated Officer. The name of the practice lead and the date the policy had been reviewed, along with a new review date should also be included. This issue was discussed with the GP lead in this area who agreed to address the outstanding issues straight away. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that a chaperone were available if required. All staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Most staff had received up to date training and the last infection control audit was undertaken in 2013.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three staff personnel files and found that full recruitment checks had not been undertaken prior to some staff being employed. While registration and DBS checks had been completed as necessary, we were informed that interviews and references were not taken up as the person was known to the practice. The practice manager was aware that the recruitment process needed to be improved for the purpose of ensuring suitable staff were employed. They agreed to address this issue straight away.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 that enough staff were on duty.

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. A first aid kit and accident book was 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.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 85.7% of the total number of points available, with 6.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed the following:

- Performance for diabetes related indicators was worse than the CCG and national average. The practice was aware of this issue and the impact it may have on patients' health and had taken action to address this.
- The percentage of patients with hypertension having an acceptable blood pressure reading was similar to the CCG and national average. For example, 76.76% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less (01/04/2014 to 31/03/2015). This compares to a national average of 83.65%.

- Performance for mental health related indicators was similar to the CCG and national average. For example, 92.12% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compares to a national average of 94.1%.

Clinical audits demonstrated quality improvement.

- We looked at two clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improvements in the area of medicines management. Based on NICE guidelines, patients identified as using a specific medicine were called into the practice for a review of this medicine which was changed with their agreement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff were provided with role-specific training and updating, 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 demonstrated 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 from senior staff, one-to-one meetings and appraisals for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and younger patients, 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.

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Dietary advice was given by GPs and practice nurses, and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 74.13%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.3% to 100.0% and five year olds from 92.4% to 97.5%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-up appointments were made for the outcomes of health assessments and checks, where abnormalities or risk factors were identified.

The practice was part of the Healthy Radcliffe scheme which aimed to ensure patients have access to more GP appointments in the evening and at weekends and bank holidays.

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.

All of the 40 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 and caring, and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92.7% of patients said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.
- 95.1% of patients said the GP gave them enough time (CCG average 89%, national average 86.6%).
- 96.7% of patients said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 87.4% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86.7%, national average 85.1%).
- 96.5% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.5%, national average 90.4%).

- 92.1% of patients said they found the receptionists at the practice helpful (CCG average 85.8%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed 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:

- 86.9% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.3% and national average of 86.0%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 82.9%, national average 81.4%).
- 91.9% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.7%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting area told patients how to access a number of community support groups and organisations such as those supporting good mental health and physical health care needs such as cancer.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice has applied to be assessed for the Pride in Practice award by the Lesbian, Gay, Bisexual and Transgender (LGBT) Foundation. This new initiative acknowledges the standard of service provided in lesbian, gay and bisexual healthcare. This will include staff training about LGBT health care awareness.

Access to the service

The practice was open between 8.00am to 6.00pm Monday to Friday. Appointments were available from 8.20 am to 5.30pm Monday to Friday. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

The practice was part of the Extended Working Hours / Prime Ministers Challenge Fund which meant patients could access a designated GP service in the Bury area from 8.00am to 8.00pm on weekdays and 8.00am to 6.00pm at weekends and bank holidays.

Patients requiring a GP outside of normal working hours were advised to call Bury and Rochdale Doctors On Call (BARDOC) using the usual surgery number and the call would be directed to the out-of-hours service.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.5% and national average of 74.9%.
- 80.6% of patients said they could get through easily to the surgery by phone (CCG average 68.2%, national average 73.3%).
- 48.51% of patients said they always or almost always see or speak to the GP they prefer (national average 36.92%).

Patients told us that they were able to get appointments when they needed them, although two patients commented they found it difficult to get an appointment.

The practice had worked to improve access to services for vulnerable patients.

- The Frailty Team provided multidisciplinary team meetings for elderly patients with the most complex needs.
- The 'green car scheme' provided access to paramedics from the North West Ambulance Service for patients in their own homes with the aim of avoiding hospital admission.
- A Staying Well Team provided one to one support to patients and could assist with accessing local services.
- Patients who attended A&E were monitored and offered support.

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.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. It was not clear when these documents were last reviewed and no future review date was set.
- 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, although some improvements were needed to the way follow on actions were managed.
- There were arrangements for identifying, recording and managing risks and implementing mitigating actions

Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

• The practice had gathered feedback from patients through the Patient Participation Group (PPG). We met with a representative of the PPG. They told us the group communicated by email and carried out patient surveys and submitted proposals for improvements to the practice management team.

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

Continuous improvement

There was a strong 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.

Are services well-led?

Good 

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

- The practice manager attended regular meetings with the Clinical Commissioning Group (CCG) so they were fully informed of health care developments in the local area.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified.
- The practice was working towards meeting the Greater Manchester Standards which aim to promote good healthcare and improve service provision.
- The practice was currently looking at being a part of the Voluntary Contract which aimed to deliver wider integration of services at a neighbourhood level.
- The practice was aware that the performance for diabetes related indicators was worse than the national average, and action was being taken to address this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
The registered person did not have effective recruitment and selection procedures to ensure fit and proper persons are employed.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment
The registered person did not carry out an annual infection control audit of the premises with appropriate frequency to maintain standards of hygiene appropriate for the purpose for which they are being used.