

Dam Head Medical Centre

Quality Report

1020 Rochdale Road
Blackley
Manchester
M9 7HD

Tel: 0161 720 9744

Website: www.damheadmedicalcentre.co.uk

Date of inspection visit: 23 February 2016

Date of publication: 30/03/2016

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?

Requires improvement 

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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dam Head Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dam Head Medical Centre on 23 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.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. They felt everyone in the practice went above and beyond to provide a compassionate and caring service.
- 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.
- 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.
- Clinical audits had been carried out with evidence that audits were driving improvement but patient outcomes remained lower than national and CCG average for the locality.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice did not have an active patient participation group (PPG) but were trying to organise a virtual group in order to obtain patient feedback about any ways to improve the service.
- The practice had facilities and was equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

- Patients' medical records were kept in both electronic and paper format with no formal processes to maintain consistency.

The areas where the provider must make improvement are:

- Ensure coding within patients records is accurate, up to date and the use of prevalence reporting is in line with guidance to ensure patients outcomes are appropriately reflected in prevalence data.
- Implement a formal system to ensure all patients clinical IT notes are updated regularly in a timely manner into the clinical IT system.

The areas where the provider should make improvement are:

- Introduce a more up to date process for the distribution of medical alerts to clinical staff.
- All practice policies in paper and electronic formats are up to date and identical.
- Implement a Patient Participation Group (PPG) in order to identify and act on patients' views about the service.
- Check all electrical equipment is safe, for example extension leads.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events, with a larger peer network of support available for all staff.
- Lessons were shared to make sure action was taken to improve safety in the practice. This went further to peer discussions with three other local practices.
- 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 processes and policy in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- The practice prevalence rates were considerably lower than the CCG and National average.
- Patients' medical records were kept in both electronic and paper format with no formal processes to maintain consistency.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- The GP told us how they would visit patients who were in hospital on Christmas day; this had taken place for multiple years.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions and the GP took time to explain and listen.

Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice was part of the North Manchester Integrated Neighbourhood Care Team (NMINC) which worked together to support patients who had health or social care needs.
- 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.
- 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



- 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 quality care.
- 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 so that appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Each patient had a named accountable GP for all over the age of 75.

Good



People with long term conditions

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

- Patients were referred to the community lifestyle advice clinic for further support
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 73.17% compared to the national average of 78.03%.
- Longer appointments and home visits were available when needed.
- Nursing staff had lead roles in chronic disease management.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- Appointments were available before and after school hours.
- 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.

Good



Summary of findings

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2014 to 31/03/2015) was 75.22% compared to national average of 75.35%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk.

Working age people (including those recently retired and students)

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

- The practice offered every Monday and Wednesday a triage nurse clinic from 7.15am- 8am to patients.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice run shared care drug clinics to ensure a holistic approach is maintained to patients in this category?
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 444 survey forms were distributed and 94 were returned. This represented 0.34% of the practice's patient list.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 73.4% and a national average of 73.3%.
- 87.5% were able to get an appointment to see or speak to someone the last time they tried (CCG average 58.5%, national average 60%).
- 83.6% described the overall experience of their GP surgery as fairly good or very good (CCG average 81.9%, national average 84.8%).
- 76.2% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71.9%, 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 25 comment cards which were all positive about the standard of care received. One card commented, how very caring all the staff were towards them.. Another comment said, every experience encountered at the practice had been excellent.

We spoke with five patients during the inspection. All five patients said they were extremely happy with the care they received and thought all staff were approachable, committed and caring. All five patients commented on the continuous compassion and time the GP gave to them and their families.

The practice participated in patient surveys such as the Friends and Family Test.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure coding within patients records is accurate, up to date and the use of prevalence reporting is in line with guidance to ensure patients outcomes are appropriately reflected in prevalence data.
- Implement a formal system to ensure all patients clinical IT notes are updated regularly in a timely manner into the clinical IT system.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Introduce a more up to date process for the distribution of medical alerts to clinical staff.
- All practice policies in paper and electronic formats are up to date and identical.
- Implement a Patient Participation Group (PPG) in order to identify and act on patients' views about the service.
- Check all electrical equipment is safe, for example extension leads.

Dam Head Medical Centre

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 manager specialist adviser.

Background to Dam Head Medical Centre

Dam Head Medical Centre is located on the outskirts of Manchester and is overseen by North Manchester Clinical Commissioning Group (CCG). At the time of our inspection 2,702 patients were registered and the majority of patients were of white British background with the area being highly deprived.

The practice is located on the ground floor and has parking with disabled spaces also available. The practice had just received planning permission to expand and update the premises.

The practice has two GPs (two male) with a female GP who attends once a week. There is one nurse, and a pharmacist who attended three sessions per week. Members of clinical staff are supported by one practice manager and three administrative staff.

The practice is open from 8am until 6pm Monday, Tuesday, Thursday and Friday. On Wednesday the practice is opened 8am – 1.30pm and closed in the afternoon. Appointments times are between 9am and 6pm except on Wednesdays. The practice offered extended hours every Monday and Wednesday from 7.15am - 8am for working patients who could not attend during normal opening hours.

The practice has a General Medical Service (GMS) contract with NHS England.

Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery is part of Prime Ministers GP Access scheme offering extended hours and weekend appointments to patients.

This practice is part of wider support group. This group is made up of eight practices across Greater Manchester. The group’s main aim is to offer a peer support by learning and sharing for both clinical and non-clinical staff. This is done by holding regular forums where they discussed:

- Human Resources (HR)
- Incident and Significant event sharing
- Governance issues
- Training and development

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. The inspector:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 23 February 2016.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an effective 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.
- The practice carried out analysis of the significant events.
- All minutes and events were typed up and stored electronically for staff to access.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, all alerts must be countersigned by clinicians when issued. However the last dated alert recorded had been over a year ago. The nurse could provide a more relevant and up to date alert.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice had a comprehensive paper policy which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We observed the electronic policy was not the same as the paper version. 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 clinical and administration staff had received training to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted

as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result.
- The practice had identified the premise needed to be upgraded; we saw evidence of planning permission granted for the upgrade to going ahead.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, which were up to date.
- The practice employed a pharmacist three days a week, who worked on respiratory and medicine reviews to ensure prescribing, was in line with best practice guidelines for safe prescribing. The practice also engaged with the local CCG pharmacy teams who carried out medicines audits in the practice. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

Are services safe?

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.

- Most electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We did observe multiple extension leads which had not been checked.
- 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 oxygen with adult and children's masks. A first aid kit and accident book were available. There was no defibrillator at the practice; however the practice said they would use the local hospital which was local.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice prevalence rates (prevalence is a measurement of all individuals affected by the disease at a particular time, whereas incidence is a measurement of the number of new individuals who contract a disease during a particular period of time) were considerably lower than the CCG and National average. For example we reviewed the most up to date practice figures on the day of the inspection and identified :

- Prevalence relating to Chronic Kidney Disease (CKD) was 80% lower than the national average.
- Prevalence relating to Diabetes Mellitus was 20% lower than the CCG average.
- Prevalence relating to Heart Failure was 70% lower than the CCG average

On discussion with the practice we were told of a historic coding problem where patients' medical records were kept in electronic and paper format. Meaning not all READ codes (codes are the standard clinical terminology system used in General Practice) had been reflected in the clinical IT system correctly. We did see evidence of the practice trying to resolve some of these issue by :

- Having a data summariser attend the practice every six weeks
- Performing audits to try and identify patients, who may had been previously missed
- Using an external company to try and identify certain conditions and READ code accordingly.

The inspection team felt the practice should have a robust policy in place, to ensure all current patient medical records are fully up to date. Whilst also having a systematic process to fully summarise and READ code patient historic data into the clinical IT system.

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 92.4% of the total number of points available, with 8.3% 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 2014/15 showed:

- Performance for diabetes related indicators was 73% below the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 87 % lower than local CCG of 83% and below national average of 84%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the last 12 months was 75% below the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been 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, a recent Diabetic audit had resulted in the practice identifying six new diabetic patients.

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,

Are services effective?

(for example, treatment is effective)

infection prevention and control, fire safety and health and safety. One member of staff had started work as an apprentice, who now is employed part-time in the practice.

- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example working closely with the nurse forum group run by the local CCG. The practice nurse mentored student nurses and paramedics in the practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- 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. There was an issue in ensuring all data was fully up to date.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between

services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis.

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 young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

- The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. One example was a weekly offered shared care drug clinic.
- The GP and practice manager were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.

The practice's uptake for the cervical screening programme was 77%, which was below the national average of 81.8%. 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 the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 100% and five year olds from 86.1% to 94.4%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered a great personal service and staff were helpful, caring and treated them with dignity and respect. Patients also felt the level of care and time taken by the GP and staff was excellent.

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

- 95.4% said they had confidence and trust in the last GP (CCG average of 93%, national average of 95%).
- 87.2% said the GP gave them enough time (CCG average 84%, national average 87%).
- 82.8% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 81.7% said the last GP they spoke to was good at treating them with care and concern (CCG average of 83%, national average of 85%).
- 87.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average of 89%, national average of 90%).

Care planning and involvement in decisions about care and treatment

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

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:

- 83.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 93.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.6%, 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

The practice would visit patients who were in hospital on Christmas day and over the festive period; this had taken place over multiple years.

Staff told us that if families had suffered bereavement, the GP contacted them and sent them a sympathy card; the staff also attended the funeral to represent the practice. This service went one step further and sent the family a Christmas card.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.2% of the practice list as carers.

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 part of the North Manchester Integrated Neighbourhood Care Team (NMINC) which is about working together to support patients who have health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice offered extended hours every Monday and Wednesday from 7.15am - 8am for working patients who could not attend during normal opening hours.
- The practice had been awarded the "Pride in Practice" gold award which is a quality assurance service that strengthens and develops relationship with lesbian, gay and bisexual patients within your local community.
- The practice provides a shared care service with Manchester drug and alcohol services RISE who aim is to support people to maintain their recovery within their community.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities including a wheel chair, hearing loop and translation services available.

Access to the service

The practice is open 8am to 6pm Monday, Tuesday, Thursday and Friday. Wednesdays the practice is open 8am to 1pm. Extended hours surgeries were offered at the

following times on Mondays and Wednesdays the clinic offers a triage nurse clinic from 7.15am- 8am. 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.

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.

- 71.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 76% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 62.3% patients said they always or almost always see or speak to the GP they prefer (CCG average 58.5%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 for example the practice had a leaflet to inform patients.

We looked at complaints received and saw lessons learnt from concerns and complaints and action taken as a result to improve the quality of care.

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 GP held a view of the priorities and strategy for the practice. They had identified a number of key areas where they planned to improve the service to patients. In particular they planned to develop the practice to deal with healthcare needs fit for the future whilst continuing to explore new ways of working.

Governance arrangements

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

- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the shared drive on any computer within the practice. We looked at a sample of these policies and procedures and saw there needed to be a more robust check between paper and electronic copies to keep them aligned.
- The practice held regular staff, clinical and practice meetings. We looked at minutes from recent meetings and found that performance, quality and risks had been discussed. The practice also worked with eight other practices, where they shared governance processes, incident and significant discussions by clinical and non-clinical staff which strengthen opportunities for shared learning and improvement in the practice.
- A programme of clinical audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They 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 partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had a suggestions box and provided comments book for patients
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice did not have a patient participation group (PPG). The practice was exploring different options in how to implement this.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the

Are services well-led?

Good 

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

area. For example the practice had been awarded a “Pride in Practice” gold certificate which was endorsed by the

“The Royal College of GP’s” to help support and strengthen quality assurance services and develop relationship with patients who were lesbian, gay and bisexual within the local community.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Records relating to care and treatment of each person using the service must be kept and be fit for purpose (fit for purpose means they must):</p> <ul style="list-style-type: none">• Be complete, legible, indelible, accurate and up to date, with no undue delays in adding and filing information. <p>This was in breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>