Manor Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Medical Practice on 23 November 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians was very positive. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The appointments system was flexible to accommodate the needs of patients. Urgent appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.

Summary of findings

- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

Areas where the provider should make improvement are:

- Improve the systems in place for ensuring medicines reviews are carried out at appropriate intervals.
- Ensure staff who are responsible for providing chaperone duties have undergone all required employment checks.
- Review the handling of complaints to ensure complainants are informed of the second stage of the complaints process.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- Risks were assessed and managed. For example, safety alerts were well managed and health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- Appropriate pre-employment checks had been carried out overall to ensure staff suitability. However, not all staff who provided chaperon duties had undergone the required employment checks.
- Systems were in place for managing medicines and the practice was equipped with a supply of medicines to support people in a medical emergency. The practice was in the process of making improvements to medicines prescribing in response to prescribing data and local benchmarking. Medicines reviews were being carried out with patients but the system in place for ensuring these were carried out at regular intervals was not sufficiently robust.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.

Summary of findings

- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- A member of staff was designated as a 'care co-ordinator' and they contacted patients following discharge form hospital to check if they needed any additional support.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A system for staff appraisal and professional development was in place and staff had undergone an up to date appraisal of their work.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that overall patients rated the practice comparable to others locally and nationally for aspects of care. For example for being treated with care and concern.
- The practice facilitated a group of patients who volunteered to support other patients and local groups.
- The practice maintained a register of patients who were carers in order to tailor the services provided.
- Regular patient newsletters were produced that included a range of information for patients.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG), other GP practices, and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.

Summary of findings

- The appointments system was flexible and responsive to patients' needs. Patients we spoke with said they did not find it difficult to get an appointment. Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available to patents. The practice responded quickly to issues raised and implemented any learning from complaints.

Are services well-led?

Good

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

- The practice had a 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.
- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- The practice had policies and procedures to govern activity and regular governance meetings were held.
- The partners encouraged a culture of openness and honesty and they were aware of and complied with the requirements of the duty of candour.
- The practice had a robust system in place for responding to safety alerts to ensure appropriate action was taken in response.
- The practice used feedback from staff and patients to make improvements.
- The practice had a patient participation group (PPG) who were contacted via e mail and surveyed about the development of the service.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population.
- Registers of patients with a range of health conditions (including conditions common in older people) were maintained and these were used to plan reviews of health care and to offer services such as vaccinations for flu.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan detailing the care and treatment they required.
- GPs and practice nurses carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions.
- A practice nurse contacted patients following discharge from hospital to check they had the support they required.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Monthly multi-disciplinary meetings were held to discuss the care and treatment for patients with complex needs.

People with long term conditions

Good

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these.
- Regular, structured health reviews were carried out for patients with long term conditions.

Summary of findings

- Data from 2014 to 2015 showed that the practice was performing lower than other practices locally and nationally for the care and treatment of people with chronic health conditions such as diabetes.
- Patients with diabetes were referred to a six session educational programme.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Regular clinical meetings were held to review the clinical care and treatment provided and ensure this was in line with best practice guidance.
- One of the practice nurses had undertaken a Macmillan cancer course to better support patients with a diagnosis of cancer. They were also looking to develop the services provided to patients diagnosed with cancer.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions were offered a single appointment to avoid multiple visits to the surgery.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- A GP was the designated lead for child protection.
- A regular safeguarding meeting was held with relevant professionals to discuss child protection concerns.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake.
- The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.

Summary of findings

- The premises were suitable for children and babies and baby changing facilities were available.
- Family planning and contraceptive services were provided.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided extended hours appointments and was open from 7.30am Monday to Friday, late appointments were provided two evenings per week and Saturday mornings appointments were available once per month.
- Patients could also access appointments for health screening or chronic disease management at evenings and weekends provided by Stockport CCG's out of hours provider 'Mastercall'.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to or below national averages.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions.

People whose circumstances may make them vulnerable

Good

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

- The practice worked with relevant health and social care professionals in the case management of vulnerable people.
- 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.
- The practice was accessible to people who required disabled access and facilities such as a hearing loop system (used to support patients who wear a hearing aid) were available.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Summary of findings

- One of the GPs had a lead for supporting patients with drug and alcohol issues.
- The practice provided primary care to people living at a local women's refuge.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- The practice referred patients to other services such as psychiatry and counselling services.
- The practice worked with multi-disciplinary professionals including in the case management of patients experiencing poor mental health.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.
- Two staff were 'dementia friends' and one of these attended dementia meetings held in a local community centre.
- The practice provided primary care to patients living in a local care home for people with dementia.

Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received scores that were comparable overall to practices locally and nationally for patients' experiences of the care and treatment provided and their interactions with clinicians. The practice scored comparable to or lower than local and national averages for questions about patients' experiences of making an appointment. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. There were 245 survey forms distributed and 108 were returned which equates to a 44% response rate. The response represents approximately 1% of the practice population.

The practice scores were comparable to those of the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs .

For example:

- 92% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91% and national average of 88%.
- 91% said the last nurse they spoke to was good at listening to them (CCG average 93% national average 91%).
- 88% said the last GP they saw gave them enough time (CCG average 90%, national average 86%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 93% said they had confidence and trust in the last nurse they saw (CCG average 98%, national average 97%).

The practice scores were lower than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 62% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 78% and a national average of 72%.
- 61% described their experience of making an appointment as good (CCG average 77%, national average 73%).
- 76% were fairly or very satisfied with the surgery's opening hours (CCG average 81%, national average 79%).
- 79% found the receptionists at the surgery helpful (CCG average 88%, national average 86%).

A similar to average percentage of patients, 84%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 88% and a national average of 85%.

We spoke with five patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients. We received 30 comment cards. All of these were positive about the standard of care and treatment patients received. Patient feedback in comment cards described staff as; caring, considerate, helpful, polite, efficient, courteous, friendly, excellent and engaging.

Areas for improvement

Action the service SHOULD take to improve

- Improve the systems in place for ensuring medicines reviews are carried out at appropriate intervals.
- Ensure staff who are responsible for providing chaperone duties have undergone all required employment checks.

Summary of findings

- Review the handling of complaints to ensure complainants are informed of the second stage of the complaints process.

Manor 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 advisor and a practice manager specialist advisor.

Background to Manor Medical Practice

Manor Medical Practice is located in Offerton, Stockport, Greater Manchester. The practice was providing a service to approximately 9,000 patients at the time of our inspection. A branch practice was located at 56 Higher Lane, Hillgate SK1 3PZ and we also visited this as part of the inspection.

The practice is part of Stockport Clinical Commissioning Group (CCG). The practice is situated in an area with higher than average levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health condition is 58% which is higher than the national average of 54%.

The practice is run by two GP partners. There are an additional three salaried GPs (three male and two female). There are four practice nurses, two of whom are nurse practitioners, one assistant practitioner, one health care assistant, a practice manager and team of reception and administrative staff.

The practice is open from 7.30am to 7pm on Mondays, Thursdays and Fridays, 7.30am to 8.30pm on Tuesdays and 7.30am to 8pm on Wednesdays. Saturday morning appointments are also available from 9am to 11.30am once per month.

When the surgery is closed patients are directed to the GP out of hours service provider 'Mastercall' by contacting NHS 111.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes and avoiding unplanned hospital admissions.

The practice hosts third and fourth year medical students.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 November 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, reception and administrative staff.
- Spoke with patients who used the service and met with a member of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at monthly clinical meetings and we were assured that learning from significant events and safety alerts had been disseminated and implemented into practice.

A system was in place for responding to patient safety alerts. This demonstrated that the information had been disseminated appropriately and action had been taken to make any required changes to practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguard them from abuse. For example;

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. One of the GPs was the designated lead for safeguarding and we were told they had a good knowledge of the circumstances of all children and families who were registered as at risk. GPs attended case conferences and provided reports as requested. Sageguarding meetings were held every six to eight weeks. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised safeguarding concerns.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Not all staff who acted as chaperones had received a Disclosure and Barring Service check (DBS) check. These 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. There was an infection control protocol in place and staff had received up to date training. A practice nurse was the infection control clinical lead and they were responsible for liaising with the local infection prevention team. The practice had achieved full compliance at the most recent infection control audit carried out in October 2016.
- Systems were in place for managing medicines. The practice worked with the Clinical Commissioning Group to improve medicines prescribing. The practice was in the process of making improvements to medicines prescribing in response to prescribing data and local benchmarking. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant had been trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Two of the practice nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. There was a system to ensure the safe issue of repeat prescriptions and for monitoring patients who were taking potentially harmful medicines. Medicines reviews were being carried out with patients but the system in place for ensuring these were carried out at regular intervals was not sufficiently robust. A system was in place to account for prescriptions and they were stored securely.
- We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that overall appropriate recruitment checks had

been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS). However, some staff were responsible for performing chaperone duties without having undergone a DBS check. The provider agreed this would cease on the day of the inspection.

Monitoring risks to patients

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

- There was a range of health and safety related policies and procedures that were readily available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety checks and fire drills were carried out and electrical equipment and clinical equipment was checked to ensure it was working properly.
- 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 of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. These included:

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- A supply of emergency medicines available.These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use.
- A defibrillator (used to attempt to restart a person's heart in an emergency) was available on site and oxygen with adult and children's masks was available.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' 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 GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice shared best practice guidelines at regular clinical meetings. Some of these meetings also included external speakers.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

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 in October 2016 (for the period April 2015 to March 2016) showed the practice had achieved 91% of the points available which was similar to the previous years figure of 89%. Exception reporting was 4% (reporting for the number of patients excluded from the results). Data from April 2014 to March 2015 showed performance in outcomes for patients was comparable to those of the Clinical Commissioning Group (CCG) and national averages in some but not all indictors. This was also the case for date from April 2015 to March 2016.

For example data from April 2014 to March 2015 showed;

- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 64%, compared to a CCG average of 80% and a national average of 77%.
- The percentage of patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 71% (CCG average 84%, national average 80%).
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 81% (CCG average 90%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 75% (CCG average 84%, national average 83%).
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were treated with anticoagulation drug therapy or an antiplatelet therapy was 97% (CCG average 97%, national average 98%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% (CCG average 87%, national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 87% (CCG average 90%, national average of 88%). We did note that exception reporting for mental health indicators was higher than local and national averages.

The provider was focusing on improving how they used information about outcomes for patients to make improvements. This included the improvements that were being made to medicines prescribing in response to prescribing data and local benchmarking. There was also some discussion around improving outcomes linked to the Quality and Outcomes Framework in some clinical areas where the practice was attaining lower scores than the local and national averages.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. Examples of recent audits included; an audit of child

Good

Are services effective?

(for example, treatment is effective)

attendance at A&E and whether these could have been avoided; an audit into the use of a three day antibiotic Trimethoprim; an audit into the use of co-amoxiclav and a minor surgery infection rate audit. Future planned audits included; an audit into gestational diabetes checks and follow ups and medication reviews for patients at high risk of falls.

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multidisciplinary meetings were held on a regular basis. The needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic, electrocardiogram (ECG) tests, spirometry, smoking cessation, travel vaccinations and contraceptive services.

Effective staffing

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

- An induction programme was provided to newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs.
- Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes, podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available.

GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up.

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

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. This involved regular multi-disciplinary meetings taking place on a monthly basis.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital, the care and treatment provided to these patients was reviewed on a regular basis, unplanned admissions were monitored and information was shared as appropriate with the out of hours service and with secondary care services.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- 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 were aware of their responsibility to carry out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice provided advise, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services forlifestyle advice such as dietary advice or smoking cessation.
- Information from the QOF for the period of April 2014 to March 2015 showed patientuptake for cancer screening was lower than national averages. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 73% which was lower than the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. However, bowel and breast cancer screening uptake was lower than the national average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 52% (national average 57%) and females (aged 50-70) screened for breast cancer in the last 36 months at 67% (national average 72%).
- The practice promoted the annual flu immunisation campaign and demonstrated year on year improvement in uptake rates.
- Childhood immunisation rates for the vaccinations given were comparable to national averages. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they reported any concerns to relevant professionals.
- 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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the website and patients were referred to or signposted to health promotion services.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 30 comment cards we received were positive and complimentary about the caring nature of the service provided. Patients said they felt the practice offered an 'excellent' service and staff were helpful and treated them with dignity and respect. Patient feedback in comment cards described staff as; caring, considerate, helpful, polite, efficient, courteous, friendly, excellent and engaging.

Staff demonstrated a patient centred approach to their work during our discussions with them. A number of staff spoke about how the practice was a part of the local community and how it supported the local community.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The practice scores were comparable to average when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 88% of respondents said the last GP they saw gave them enough time compared to a CCG average of 90% and a national average 86%.
- 95% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 94%, national average of 91%.
- 84% said 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 (CCG average 88 %, national average 85%).
- 92% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 93%, national average 90%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 93% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 98%, national average 97%).

The practice scored similar to local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 79% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 88% and a national average of 86%.
- 84% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 88%, national average 85%).

We met with a member of the patient participation group (PPG). The PPG was a virtual PPG meaning that their contact with the practice was via e mail. The PPG representative we met told us the practice sent surveys to PPG members to obtain patient views about the running of the service. A quarterly newsletter was also made available to patients.

We also spoke with an additional five patients who were attending the practice at the time of our inspection. They gave us positive feedback about the caring nature of the GPs and other clinical staff.

Staff provided a range of examples of the caring nature of the practice and the support provided to individual patients. The practice also supported a group of patients who volunteered their time to support other patients and a local charity.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed that overall the practice scores were similar to local and national averages for patient satisfaction in these areas. For example:

Good

Are services caring?

- 92% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 91% and a national average of 88%.
- 91% said the last nurse they saw or spoke to was good at listening to them (CCG average of 93%, national average of 91%).
- 83% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 80% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).
- 78% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 85%, national average of 81%).
- 78% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 88%, national average of 85%).

Staff told us that translation services were available for patients who did not use English as their first language.

Patient and carer support to cope emotionally with care and treatment

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. Information about how patients could access a number of support groups and organisations was available at the practice.

The practice maintained a register of carers and at the time of the inspection there were 200 carers on the register. This equates to two pecent of the patient population. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu vaccinations and health checks. Written information was available to direct carers to the various avenues of support available to them.

Patients receiving end of life care were signposted to support services. Staff told us that if families had suffered bereavement they sent a card and their usual GP contacted them as appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients who required these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical conditions that require same day consultation.
- The practice offered extended opening hours for working patients who could not attend during normal opening hours.
- Flu clinics were provided on Saturdays to encourage uptake of the flu vaccine.
- Patients were able to receive travel vaccinations available on the NHS.

Access to the service

The practice was open from 7.30am to 7pm on Mondays, Thursdays and Fridays, 7.30am to 8.30pm on Tuesdays and 7.30am to 8pm on Wednesdays. Saturday morning appointments are also available from 9am to 11.30am once per month.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get appointments when they needed them. Patients told us the triage system worked well for them and resulted in a timely and appropriate response that suited their individual needs.

The results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally lower than local and national averages. For example:

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 62% compared to a CCG average of 78% and a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 76% (CCG average 81%, national average of 79%).
- 62% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 80%, national average 75%).
- 61% of patients described their experience of making an appointment as good (CCG average 77%, national average 73%).

The national GP patient survey contained aggregated data collected between July to September 2015 and January to March 2016.

The practice conducted a patient survey in October 2016 which included questions relating to patient satisfaction around access. Patients attending the practice were asked to complete a written questionnaire and 161 responses were received (approximately 1.8% of the practice population). The results of the questionnaire showed that 92% of respondents felt that appointments were available at convenient times of day and 83.2% of respondents felt they were able to get an appointment when they needed one. This would indicate that changes to the opening hours and management of the appointments system may have improved patients' experiences of access since the national survey was conducted. We received only one negative comment about the appointments system out of 35 patient contacts.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. These assessments were done by a telephone triage system. In cases where the urgency of need was so great that it would be inappropriate for the

Good

Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The main surgery site was located in a purpose built building. These premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available. The branch surgery was located in a converted former residential building.

Listening and learning from concerns and complaints.

The practice had a system in place for handling complaints and concerns. A complaints policy and procedures was in place. We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with.

There was a designated member of staff who handled all complaints in the practice. We looked at complaints received in the last 12 months and found that these had been logged, investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate. However we did note that details of the second stage of the complaints process were not always provided in the response to complainants.

We found that lessons had been learnt from the sample of complaints we looked at and action had been taken to improve the quality of care and patients' experience of the service.

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 statement of purpose which outlined its aims and objectives. These included; providing a high standard of medical care; commitment to patients needs; acting with integrity and confidentiality; being courteous, approachable, friendly and accommodating; providing a safe and effective service and environment; providig a patient centred service through decision making and communication; maintaining motivated and skilled work teams; good governance, monitoring and auditing to improve healthcare services; maintaining a high quality of care through continuous learning and training; treating patients and staff with dignity, respect and honesty, respecting diversity and promoting equality. Staff we spoke demonstrated that they supported the aims and objectives and the values linked to these and they demonstrated a patient centred approach to their work.

The GP partners had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality. One of the GP partners had been awarded an honorary degree with Manchester University for services to health in the area.

Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The GPs used evidence based guidance in their clinical work with patients.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).
- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.
- Practice specific policies and standard operating procedures were available to all staff.Staff we spoke with knew how to access these and any other information they required in their role.

Leadership and culture

On the day of the inspection the partners in the practice demonstrated that they had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to them.

The partners encouraged a culture of openness and honesty. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of training linked to their roles and responsibilities.

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

The feedback we received from patients about staff in all roles was very positive and patients told us they felt staff provided a high quality service.

Are services well-led?

Good

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

The practice actively encouraged and valued feedback from patients. The practice had a virtual patient participation group (PPG) with approximately 300 members. A member of the PPG told us the practice contacted the group regularly via e mail to seek their views and keep them informed of changes.

The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for 2016 showed that the majority of patients, 95%, were either extremely likely or likely to recommend the practice.

The practice used information from events, concerns and complaints to make improvements to the service.

Staff were involved in discussions about how to develop the service and were encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

Continuous improvement

There was a focus on learning and improvement within the practice. This included the practice being involved in local schemes to improve outcomes for patients. For example, working with neighbouring practices to provide primary care to designated care homes in their locality. The GPs and management team were aware of challenges to the service. Future developments included; continued maintence and refurbishment of the branch surgery, the provision of electronic prescribing and the development of a planned programme of clinical audits linked to improving outcomes for patients.