Leesbrook Surgery

Quality Report

Mellor Street
Lees
Oldham
OL4 3DG
Tel: 0161 621 4800
Website: www.leesbrooksurgery.com

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leesbrook Surgery on 15 March 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were not always assessed and well managed, and this included those relating to recruitment checks.
- Although some audits had been carried out, during the inspection we saw only one audit cycle so little evidence that audits were driving improvement in performance to improve patient outcomes. Following the inspection a further audit cycle was submitted but it was unclear if this had been carried out prior to the inspection day.
- The majority of patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some did not contain up to date information.
- The practice had an active patient participation group.

The areas where the provider must make improvements are:

- The provider must ensure adequate recruitment checks take place, including having a full employment history of new staff, and reasons for leaving previous employment where appropriate.
- The provider must ensure all staff are trained in safeguarding to the appropriate level and know how to access support if they have a safeguarding concern.
- The provider must ensure relevant staff are aware of the Gillick Competence, and treat patients with

Summary of findings

dignity and respect. The provider must also ensure staff are aware of the Mental Capacity Act 2005, so consent is obtained appropriately or capacity formally assessed where required.

- The provider must ensure they have an adequate complaints procedure that is brought to the attention of patients. Complaints should be reviewed and all required information should be given to patients when their complaint is responded to.
- The provider must ensure procedures are in place to identify risks. For example, clinical supplies must be within their expiry date and adequate infection control procedures must be in place. Where risks are identified, for example following infection control audits, action plans should be put in place and monitored to ensure improvements take place.
- The provider must ensure that all emergency medicines are easily accessible in an emergency.
- The provider must ensure all staff receive appropriate training that is delivered effectively.

In addition:

- The provider should improve their procedures for identifying issues and making improvements to the service provided.
- The provider should maintain an up to date relevant website.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- There was insufficient attention paid to the safeguarding of children and vulnerable adults. Not all staff, including clinicians, were appropriately trained and staff were unaware of who the safeguarding lead was.
- Disclosure and Barring Service (DBS) checks had not been carried out on reception staff. A risk assessment was completed stating a DBS check was not necessary but their chaperone duties had not been considered.
- Checks on equipment were not effective. Clinical supplies such as swabs and syringes were past their expiry date, as was cleaning fluid and the contents of spillage kits.
- Infection control audits were carried out but action plans were not put in place to prompt improvement. The same issues were recorded on subsequent infection control audits.
- The cleaning schedule did not include sufficient information to guide the cleaners. Cleaning equipment was not appropriately stored.
- Recruitment procedures were not sufficient. A work history was not routinely sought for staff, including clinicians, and the reasons staff left previous employment were not explored when required.
- There was no full fire risk assessment in place. Portable electrical appliances had not been tested and no risk assessment had been carried out to determine the necessity of these checks.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were variable compared to the locality and nationally. For example performance for hypertension related indicators was 72% (CCG average 96.7%, national average of 97.8%). Performance for mental health related indicators was 98.3% (CCG average 91.7%, national average 92.8%).

Summary of findings

- We saw one example of a completed two cycle audit during our inspection. Following the inspection another two cycle audit was submitted but it was unclear whether this had been completed prior to or following the inspection.
- Staff training was not a priority, with staff completing several training courses in one day in the three weeks prior to our inspection. For example, one staff member completed 28 courses in one day, and another had completed 27 courses in one day. These included complex courses such as safeguarding and infection control. Following the inspection the practice told us that this had been refresher training that had not actually been due but which had been hastened due to the CQC inspection.
- Not all clinical staff had an understanding of the Gillick competence. One told us they did not think teenagers were reliable and they would not usually see them without a parent. Another told us anyone under the age of 18 was ideally seen with an adult present.
- Some clinical staff members did not have an understanding of the Mental Capacity Act 2005. They told us they thought a patient's relative or care home staff could give consent on behalf of a patient who did not have capacity to consent themselves.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice slightly higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was not readily available. Complaints made did not receive an adequate response.

Are services well-led?

Inadequate

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

- There was a documented leadership structure but not all staff felt supported by their managers.
- The practice had a number of policies and procedures to govern activity, but some of these were inaccurate or not up to date.
- The practice had an active patient participation group (PPG). However, the group said their ideas were not always received positively by the practice.
- GPs, practice nurses and managers had meetings that were minuted. Reception staff rarely met and information sharing was not consistent.
- There was not always a comprehensive understanding of the performance of the practice.
- The GP partners were unaware of the issues identified by the CQC during this inspection.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for providing a caring service. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- Some clinical staff were unaware of the process for gaining consent from older patients. For example, one staff member told us that care home staff were able to give consent on behalf of elderly patients in their care.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. In particular a community matron was employed to provide support to older patients and help avoid unplanned hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for providing a caring service. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe,

Summary of findings

effective and well-led, requires improvement for responsive and good for providing a caring service. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- Not all relevant staff had knowledge of the Gillick Competence. One said they did not like to see patients under the age of 18 without an adult, and they had telephoned the parents of a 16 year old before seeing them.
- Not all staff had received safeguarding training, and some did not know who the safeguarding lead at the practice was.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were below average for the under twos, but above average for five year olds.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for providing a caring service. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- 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 early morning appointments and was also open on Saturday mornings.
- The practice did not have late night opening and the latest pre-bookable GP appointment was 5pm.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe, effective and well-led, requires improvement

Summary of findings

for responsive and good for providing a caring service. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- Not all staff had received safeguarding training, and some did not know who the safeguarding lead at the practice was.
- Not all relevant staff had an understanding of the Mental Capacity Act 2005, and some did not understand issues relating to consent.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for providing a caring service. The issues identified as inadequate and requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- Not all staff had received safeguarding training, and some did not know who the safeguarding lead at the practice was.
- Not all relevant staff had an understanding of the Mental Capacity Act 2005, and some did not understand issues relating to consent.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Most staff had been trained in dementia awareness but there were concerns that training was not effective.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 263 survey forms were distributed and 112 were returned. This was a 43% completion rate that represented 1.16% of the practice's patient list.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards, and 34 of these contained positive comments about the standard of care received. Patients said they found it easy to access appointments and staff were friendly and caring. One comment card stated appointments were difficult to arrange and waiting times were too long.

We spoke with four patients during the inspection. They told us they could always access an on the day appointment in an emergency, and were never rushed during appointments.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure adequate recruitment checks take place, including having a full employment history of new staff, and reasons for leaving previous employment where appropriate.
- The provider must ensure all staff are trained in safeguarding to the appropriate level and know how to access support if they have a safeguarding concern.
- The provider must ensure relevant staff are aware of the Gillick Competence, and treat patients with dignity and respect. The provider must also ensure staff are aware of the Mental Capacity Act 2005, so consent is obtained appropriately or capacity formally assessed where required.
- The provider must ensure they have an adequate complaints procedure that is brought to the attention of patients. Complaints should be reviewed and all required information should be given to patients when their complaint is responded to.
- The provider must ensure procedures are in place to identify risks. For example, clinical supplies must be within their expiry date and adequate infection control procedures must be in place. Where risks are identified, for example following infection control audits, action plans should be put in place and monitored to ensure improvements take place.
- The provider must ensure that emergency medicines are easily accessible in an emergency.
- The provider must ensure all staff receive appropriate training that is delivered effectively.

Action the service SHOULD take to improve

- The provider should improve their procedures for identifying issues and making improvements to the service provided.
- The provider should maintain an up to date relevant website.

Leesbrook Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Leesbrook Surgery

Leesbrook Surgery is located in a residential area in Lees, a district of Oldham. The practice provides services from a purpose built two storey building. Consulting rooms are on both floors and there is a passenger lift available. There is a large car park and disabled parking is available.

At the time of our inspection there were 9631 patients registered with the practice. The practice is overseen by NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice age and gender profile is similar to the national averages, and the proportion of patients registered who have a long standing health condition is below the CCG and national average.

There are four GP partners, two male and two female. In addition there are two male salaried GPs. There are also two practice nurses, a nurse practitioner, a community matron (directly employed by the practice) and a healthcare assistant. There is a practice manager and administrative and reception staff.

Normal opening hours are 8am until 6.30pm Monday to Friday and 9.30am until 12.30pm on Saturdays. GP consulting times are:

Monday 8.30am until 11am and 2.20pm until 5pm.

Tuesday 7.30am until 11am and 1.30pm until 5pm.

Wednesday 7.30am until 12 noon and 1pm until 5pm.

Thursday 8.30am until 11.30am and 2pm until 5pm.

Friday 7.30am until 11.30am and 2pm until 5pm.

Saturday 9.30am until 12 noon.

There is an out of hours service available provided by Go To Doc Limited.

The practice was inspected under the old CQC inspection regime on 2 September 2013. Improvements were required in the areas of staff recruitment and cleanliness and infection control. A follow-up inspection was carried out 6 January 2014 and we saw that improvements had been made in these areas although some work was in progress.

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

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

- Spoke with a range of staff including GPs, the practice nurse, community matron, nurse practitioner, healthcare assistant, practice manager and administrative and reception staff.
- Spoke with patients and members of the patient participation group.
- Observed how patients were being spoken to at the reception desk.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

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 on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Significant events were discussed in a meeting with the GPs and nurses every three months. Lessons learned were shared informally with other staff.

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 some systems and processes in place to keep patients safe and safeguarded from abuse, but these were not adequate.

- Adequate arrangements were not in place to safeguard children and vulnerable adults from abuse. We saw the safeguarding policy for children and young persons. This stated that all staff would be trained, with GPs being trained to level 2, increasing to level 3. GP partners told us all GPs were trained to the appropriate level 3, and evidence that the GP partners had received this training was provided following the inspection. Evidence supplied during and following the inspection did not show all other staff had received training in safeguarding children. We saw the practice's brief vulnerable adults policy. Not all staff had been trained in safeguarding vulnerable adults. The clinical staff knew how to report safeguarding concerns but some of the non-clinical staff we spoke with did not know who the safeguarding lead for the practice was.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, but reception staff had not 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).
- We observed the baby changing unit was dusty. The cleaning schedule did not contain sufficient detail to guide the cleaner in their role. For example it stated that all consulting rooms were deep cleaned once a week. It did not state what the deep clean consisted of or what cleaning materials should be used. The practice manager told us they had given verbal instructions to the cleaners. We checked the cleaner's cupboard. We found some cleaning fluid that was past its expiry date, and we also found that mops were stored inappropriately. There was a spillage kit available, but some of the contents were past their expiry dates.
- The practice nurse was the infection control clinical lead. There was an infection control policy in place and most staff had received on-line training. The infection control policy stated that an audit would be carried out every three months. We saw that the infection control lead had carried out an audit in November 2015 and February 2016. No action plans had been put in place to make improvements on issues found. We saw that the audit in November 2015 had highlighted that sharps bins were not always click-sealed before being put out for collection. This was also highlighted in the audit in February 2016. Flooring in the patients' toilet was coming away from the wall, which was an infection control risk.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we found an item that had been prescribed for a patient and dispensed in March 2015 kept with other medical equipment in a GP's consulting room. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. During the inspection the practice manager told us there was no system in place to monitor their use. They told us serial numbers of prescription pads were not

recorded when they were delivered to the practice. Following the inspection the practice provided evidence that serial numbers were recorded and said prescription use was monitored.

- We reviewed 15 personnel files, including some for staff who had been recruited in the previous 12 months. Appropriate recruitment checks had not been undertaken prior to employment in all cases. Two clinicians, who had started work in the previous 12 months, had been employed without a full work history being supplied. A work history was not held for all salaried GPs. The practice's safeguarding policy for children and young persons stated the minimum criteria for all new staff was a face to face interview and two references that had been followed up. We did not see evidence that this was always being followed.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were few procedures in place for monitoring and managing risks to patient and staff safety. The practice manager told us they had had an independent fire risk assessment carried out during 2015. They said they were told there were no actions to complete, and the company had not left them any paperwork to confirm this. They did not have a copy of the fire risk assessment. We saw an internal fire risk assessment had been carried out by the practice manager on 3 February 2016. This was handwritten and did not contain the information required, such as information about signage. Following the inspection the practice manager told us they had arranged for the company to return to carry out the risk assessment and provide them with evidence. This was submitted to CQC following the inspection and we saw that the fire risk assessment had identified issues which the practie was rectifying. Fire awareness training had been carried out for staff in March 2015, and on-line training was also completed.
- Electrical equipment was not checked to ensure the equipment was safe to use. The practice manager told us this had not been done during the five years they had worked at the practice and there had been no risk assessment to determine the necessity of the checks. Following the inspection they told us they had arranged for portable electrical appliance testing to be carried out. The report was submitted to CQC following the inspection and we saw some issues had been identified. Clinical equipment, such as scales, had calibration checks to ensure it was working properly. A legionella risk assessment had been carried out in the week prior to our inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice did not have 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 clinical rooms. However the emergency medicines kept in the treatment room were kept in a cupboard secured by a padlock with a keypad combination. We saw this took a staff member several seconds to open. Only clinical staff had the combination for the padlock, so non clinical staff could not quickly retrieve the medicines in an emergency.
- Anaphylaxis kits were kept in the clinical rooms. In one of the nurses rooms syringes were past their expiry dates, and one had been opened and resealed with sticking plaster. In two other rooms swabs in the kits were past their expiry date of August 2011. The practice manager told us a staff member checked these kits regularly.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

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.

Inadequate

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. GPs told us they received updates from NICE and the Medicines and Healthcare Products Regulatory Agency (MHRA). They said they discussed NICE updates informally, but these discussions were not minuted. MHRA updates were discussed at medicine management meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.3% of the total number of points available, with 7.9% exception reporting (CCG average 6.8%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for QOF for the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less. The practice value was 67.28%, which was below the CCG average of 81.4% and the national average of 83.65%. The practice did not have an explanation for this. The practice was also unaware they had a high exception reporting rate for mental health indicators. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate, had an exception rate of 48.6%. The CCG average was 11.3% and the national average was 12.6%. Following the inspection the practice told us they had subsequently carried out an audit on these patients.

Data from 2014-15 showed:

- Performance for diabetes related indicators was 82.3%. This was better than the CCG average of 81.8% but below the national average of 89.2%.
- Performance for hypertension related indicators was 72%. This was below the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 98.3%. This was better than the CCG average of 91.7% and the national average of 92.8%.

  Clinical audits partly demonstrated quality improvement.

- We saw one audit that was a completed audit where the improvements made were implemented and monitored. Another second cycle audit was submitted to CQC following the inspection but it was unclear if this had been carried out before or following the inspection date. Other single cycle audits had been carried out where data was collected for information.
- The practice participated in local audits and national benchmarking.

Effective staffing

Evidence did not show that all staff had all the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction checklist for all newly appointed staff. The practice manager told us induction took approximately two weeks while staff got to know their role. Although training was mentioned specific training courses and timescales for completing training were not documented.
- The practice was unable to demonstrate how they ensured role-specific training and updated training was carried out to an appropriate standard. Most training had been completed on-line, and the practice manager kept a record of training that had been completed. However, we saw that the majority of training had been completed during the three weeks prior to our inspection, in the days following the inspection being announced. Staff completed several courses during day. We saw that one staff member had completed 27 training courses, including infection control, consent, fire safety, dementia awareness and learning disability awareness, on 24 February 2016. Another staff member had completed 28 courses on 25 February 2016. Staff

completing several courses on the same day included the practice manager. They told us they monitored staff training by the on-line training record. However, due to the time spent completing courses we did not see evidence that training was a priority or that it had been effective. Following the inspection the practice informed CQC that the training they had shown us was updated training. They said this had not been due to be repeated, but it had been brought forward to refresh staff in light of the imminent CQC inspection. They provided some evidence of previous training being carried out.

- The practice manager told us staff appraisals took place every year. We saw that the majority of staff appraisals were up to date. Some staff told us they felt well supported, but this was not consistent across all staff groups. The appraisals of clinicians were up to date.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. 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 and that care plans were routinely reviewed and updated.

The practice had employed a community matron during 2015. Their role was to coordinate the care of frail and elderly patients with a view to avoiding unplanned hospital admissions, and early indications were that this was successful. They were also involved in improving the lives of patients with cancer and those with dementia. We saw the community matron had won an NHS Oldham 'Above and Beyond' award in 2016 for their work in this area.

Consent to care and treatment

Staff did not consistently seek patients' consent to care and treatment in line with legislation and guidance.

- Not all relevant staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We spoke with three clinicians who had a limited understanding of the Mental Capacity Act 2005. These individuals told us they thought a patient's relative or care home staff could give consent on behalf of patient who did not have capacity to consent themselves, with one saying the Mental Capacity Act related to doctors, not nurses.
- When providing care and treatment for children and young people, staff did not always carry out assessments of capacity to consent in line with relevant guidance. One nurse told us they did not think teenagers were reliable and if they had a chronic disease they should not be in charge of their medication. Another said that ideally all children under the age of 18 were seen with a parent present. They said they had seen a patient who had just turned 16 but they spoke with their parent beforehand.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was above the CCG and national average of 76.7%. Staff told us there was no policy to offer telephone reminders but they would telephone a patient if they thought it would be helpful. Following the inspection the practice told us written reminders were also sent to patients.

Inadequate

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given under two year olds ranged from 68.2% to 69.2%, which was below the national average. However the rates for five year olds ranged from 80% to 81.8%, which was above the national average.

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.

Good

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 told us there was a private room available if a patient wanted to speak to a staff member confidentially.

34 of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients who were also members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 92% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 85%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG and national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 87% said they found the receptionists at the practice helpful (CCG and national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they usually 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting 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. Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

We saw examples of patients being given a dedicated telephone number so they could by-pass the usual reception route. This was for when a patient was very ill or may need advice quickly to avoid a hospital admission.

Requires improvement

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 offered early morning appointments from 7.30am three times a week. There was also a triage nurse available from 7.30am for patients who attended without an appointment.
- The practice was open for pre-booked GP and nurse practitioner appointments on Saturday mornings.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- Consulting rooms were on the ground and first floor. There was a passenger lift available.
- Translation services were available although very few patients did not speak English as a first language.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and 9.30am and 12.30pm on Saturdays. On three mornings a week early morning appointments were also available. GP appointments were available between the following times:

Monday 8.30am until 11am and 2.20pm until 5pm.

Tuesday 7.30am until 11am and 1.30pm until 5pm.

Wednesday 7.30am until 12 noon and 1pm until 5pm.

Thursday 8.30am until 11.30am and 2pm until 5pm.

Friday 7.30am until 11.30am and 2pm until 5pm.

Saturday 9.30am until 12 noon.

GPs were available after 5pm and could see patients in an emergency. The nurse practitioner was also usually available from 7.30am for patients who attended without an appointment. Staff told us appointments could be pre-booked up to six months in advance, but the patients we spoke with told us they could only be booked four weeks in advance. Telephone appointments were also available. Patients could register for a text reminder service for their appointments.

Emergency on the day appointments were available and the need for these was assessed using a triage system. The patient participation group (PPG) explained that this had resolved previous issues with access to appointments. They had publicised the new system as patients had not understood it and had thought they would not be seen when needed.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 64% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

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 a system in place for handling complaints and concerns. However the complaints policy contained out of date information. A complaints leaflet was available but was kept behind the reception desk. A staff member told us they did not want to encourage people to complain. Following the inspection the practice told us the comment had been misinterpreted and they meant the tried to diffuse concerns before they became formal written complaints. It took staff several minutes to locate the leaflet when we asked to see one.

Patients told us they were unaware of how to make a complaint and said there was no information available on the website. We found brief information on the website but it was difficult to locate. We also saw a notice in the

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

practice foyer regarding how to make a complaint. One patient told us they had made a complaint but it took a long time for it to be dealt with and there did not seem to be a protocol in place.

We looked at the complaints file kept by the practice manager and reviewed six complaints received in the previous year. A final letter sent at the end of an investigation was not always kept. Where there was a final letter this did not include information about what action a patient could take if they were unhappy with the way the complaint had been dealt with. We saw no evidence that complaints had been reviewed to ensure improvements had been made and maintained where necessary.

Are services well-led?

Inadequate

(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 vision to deliver care and promote good outcomes for patients. However, from the evidence we saw, this vision was not translated into good practice.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however some polices were out of date
- There was not always a comprehensive understanding of the performance of the practice. For example GPs were unaware that there was a high exception rate for mental health related indicators on the Quality and Outcomes Framework. For one of the indicators, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate, the exception rate was 48.6%. The CCG average was 11.3% and the national average was 12.6%.
- Arrangements for monitoring risks were not robust.
- The website was not up to date. Opening hours were shown on two pages, and each was different.
- The GP partners were unaware of the issues identified by the CQC during this inspection.

Leadership and culture

The partners were visible in the practice and junior staff told us they were approachable and always took the time to listen to them.

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 leadership structure in place but not all staff felt supported by management.

- Although the GPs, nurses and managers met regularly reception staff meetings were irregular. Staff told us that in-between meetings they found out about updates by word of mouth.
- Some staff staff told us there was an open culture within the practice and they could approach their manager and GPs. These views were not consistent across all staff groups and we were told of staff feeling unsupported and left to their own devices.

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

The practice had a patient participation group (PPG) that had met three times since it started in May 2015. Most of the members were retired and the group said they hoped to recruit members more representative of the patient population. However, the notice on the website was out of date and gave the impression the PPG had not yet been set up.

The PPG said that communication within the practice was an issue. They suggested more information being available on the website and more electronic interaction with patients. They told us that the practice did not always try to work with them to make improvements. For example, it was pointed out that areas of the website were not up to date, but they were told there was no-one at the practice was able to make the improvements.

Continuous improvement

Are services well-led?

Inadequate

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

There was not a focus on continuous learning and improvement at all levels within the practice. Training was not well monitored and the way training was carried out did not give us confidence in its effectiveness.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered person did not ensure staff understood the Gillick Competence. This meant some staff would not see patients under the age of 16 without an adult present. One nurse did not like to see patients under the age of 18 without a parent and telephoned a parent before they saw a 16 year old who wished to attend alone. This compromised the dignity of the patient. This was in breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure that all emergency medicines are easily accessible in an emergency. Non-clinical staff who may be required to retrieve medicines in an emergency did not know the keypad code to access them. This was in breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person did not ensure all staff had an awareness of safeguarding procedures. Not all staff had received training, including some clinical staff.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person did not adequately bring the complaints procedure to the attention of patients. Complaints were not always reviewed to ensure lessons were learned. Information about what a patient should do if they were unhappy with how a complaint had been handled was not given to patients. This was in breach of regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have adequate systems in place to monitor safety in the practice. Equipment beyond its expiry date had not been identified and some infection control risks had also not been identified. Guidance was not in place to ensure the premises were appropriately cleaned. Action plans were not put in place following infection control audits so improvements were not made. This was in breach of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

The registered person did not ensure staff had completed all mandatory training. Where training had taken place up to 28 on-line training courses had been completed in one day so there were concerns over its effectiveness.

This was in breach of regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

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
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not ensure relevant staff understood the Mental Capacity Act 2005. Relevant consent was not always sought from patients. This was in breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not have adequate recruitment procedures in place. Not all staff, including clinicians, had provided a full employment history. A Disclosure and Barring Service (DBS) check had not been carried out for all appropriate staff. This was in breach of regulation 19 (1) (2) (3) (a) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.