Blackfriars 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 of Blackfriars Medical Centre on 17 September 2015. 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients told us that they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider should make improvements:

The practice recruitment policy referred to obtaining verbal references for new staff. The provider should keep a record that reflects these checks have been made and the outcome of those checks.

Whilst arrangements were in place to summarise the medical records of new patients to the practice it was evident that there was a back log in summarising the medical records of new patients to the practice (from January 2015). There was no evidence to indicate this has to date impacted on patient welfare. However to

Summary of findings

minimise risk and maximise patient safety the provider should take action to clear this back log and ensure information in patient records can be easily and quickly accessed by the clinicians.

We noted that in the absence of a health care assistant new patients were not currently completing a health questionnaire on registration. Whilst we acknowledge that the patient demographic of the practice means that the vast majority of new patients present 'acutely' and seek an appointment with a clinician (when initially history taking/screening takes place) this may not always be the case. Therefore the completion of a health questionnaire by new patients should be requested and assessed by a clinician to assess any immediate health risks.

We saw that clinical and practice meetings were held regularly. We note that meetings were held on the same day of the week. This meant that whilst all staff could add items for discussion (and received minutes of the meeting) not all staff could attend. Consideration should be given to reviewing dates of future meetings to enable staff who may not work particular days to attend some meetings.

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 to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. The practice reviewed the needs of its local population and engaged with NHS England and the local Clinical Commissioning Group (CCG) to secure service improvements where these had been identified. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity and held regular clinical and staff meetings. There were systems in place

Summary of findings

to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Whilst the number of older patients registered were comparatively small nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, and provided annual health checks, home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Whilst the number of patients with long term conditions was comparatively small nationally reported data showed that outcomes for these patients were good. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

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

Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hou

People experiencing poor mental health (including people with dementia)

Good

The practice had carried out annual health checks for people experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations such as MIND. There was a system in place to follow up on patients who did not attend practice appointments or had attended accident and emergency where there may have been mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was in the main performing better than with local and national averages. There were 66 responses which represents about 0.98% of the practice population (we were informed 6750 patients were registered at the time of our visit).

- 85.3% find it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 74.4%.
- 89.1% find the receptionists at this surgery helpful compared with a CCG average of 86.8% and a national average of 86.9%.
- 86.7% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83.3% and a national average of 85.4%.
- 88% say the last appointment they got was convenient compared with a CCG average of 92.5% and a national average of 91.8%.
- 81.2% describe their experience of making an appointment as good compared with a CCG average of 71.6% and a national average of 73.8%.
- 87.5% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66.4% and a national average of 65.2%.
- 80.9% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.1% and a national average of 57.8%.

We spoke with nine patients who used the service on the day of our inspection and reviewed 26 completed CQC comment cards. The patients we spoke with were very complimentary about the service. Patients told us that they found the staff to be very person-centred in their approach and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the service provided and the access to that service.

Areas for improvement

Action the service SHOULD take to improve

The practice recruitment policy referred to obtaining verbal references for new staff. The provider should keep a record that reflects these checks have been made and the outcome of those checks.

Whilst arrangement were in place to summarise the medical records of new patients to the practice it was evident that there was a back log in summarising the medical records of new patients to the practice (from January 2015). There was no evidence to indicate this has to date impacted on patient welfare. However to minimise risk and maximise patient safety the provider should take action to clear this back log and ensure information in patient records can be easily and quickly accessed by the clinicians.

We noted that not in the absence of a health care assistant new patients were not currently completing a health questionnaire on registration. Whilst we acknowledge that the patient demographic of the practice means that the vast majority of new patients present 'acutely' and seek an appointment with a clinician (when initially history taking/screening takes place) this may not always be the case. Therefore the completion of a health questionnaire by new patients should be requested and assessed by a clinician to assess any immediate health risks.

We saw that clinical and practice meetings were held regularly. We note that meetings were held on the same day of the week. This meant that whilst all staff could add items for discussion (and received minutes of the meeting) not all staff could attend. Consideration should be given to reviewing dates of future meetings to enable staff who may not work particular days to attend some meetings.

Blackfriars Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Blackfriars Medical Practice

Blackfriars Medical Practice is a GP surgery is situated in the Blackfriars area of Salford. At the time of this inspection we were informed 6,750 patients were registered with the practice.

The practice population area experiences higher levels of income deprivation than the practice average across England. There is a much lower proportion of patients above 65 years of age (0.4%) than the practice average across England (16.7%). The practice has a much lower proportion of patients under 18 years of age (2.2. %) than the practice average across England (14.8%). 36.7 per cent of the practice's patients have a longstanding medical condition compared to the practice average across England of 54%. In January 2015 the average patient age was determined to be 29 years of age.

At the time of our inspection one of the partner GPs was providing primary medical services to patients registered at the practice supported by three associate GPs. The GPs were supported in providing clinical services by a pharmacist, two advanced nurse practitioners and three practice nurses. Clinical staff were supported by the practice manager and the other members of the practice team.

Blackfriars Medical Practice is accredited by the North Western Deanery of Postgraduate Medical Education as a GP Training Practice, providing post graduate training and experience for qualified doctors who are training to become GPs. The practice also provides placements for medical students.

The opening times of the practice were 8am to 7.30pm Monday and Tuesday, 8am to 6.30pm Wednesday to Friday. Clinician appointment times were Monday 8am to 1.30pm and 2.30pm to 7.30pm, Tuesday 9.30am to 1.30pm and 3.30pm to 7.30pm, Wednesday 8am to 1pm and 3.30pm to 6.30pm, Thursday and Friday 8am to 1pm and 2pm to 6.30pm. The practice has opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by NHS 111. They would then arrange for the out of hours GP service to see patients if required. The practice website and patient information leaflet available at the practice details how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

The practice contracts with NHS England to provide Personal Medical Services (PMS) to the patients registered with the practice.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

Detailed findings

How we carried out this inspection

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

• Older people

• People with long-term conditions

• Families, children and young people

• Working age people (including those recently retired and students)

• People whose circumstances may make them vulnerable

• People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 17 September 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Good

Are services safe?

Our findings

Safe track record and learning

Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations (for example NHS England and Salford Clinical Commissioning Group (CCG)) to share what they knew. No concerns were raised about the safe track record of the practice. A range of information sources were used to identify potential safety issues and incidents. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others. The practice used the Datix significant event reporting system. This system was used throughout primary and secondary care in Salford. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children (who also provided a leading role in safeguarding within the wider CCG. This GP had been trained to level 3 safeguarding vulnerable adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We looked at examples where clinicians at the practice raised safeguarding alerts with the appropriate authorities.
- A notice was displayed in the waiting room and consulting rooms, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as assessments relating to infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead and was supported in this role by the clinicians at the practice. There was an infection control protocol in place and staff had received up to date training. External and internal Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including the obtaining, prescribing, recording, handling, storing and security of medicines). Regular medication audits were carried out with the support of the practice pharmacist and the local medicines management team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Appropriate arrangements had been made for the safe storage of vaccines. This included keeping records demonstrating they were stored at the correct temperature.
- Recruitment checks were carried out and the staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice recruitment policy referred to obtaining verbal references for new staff. The provider should keep a record that reflects these checks have been made and the outcome of those checks.

Good

Are services safe?

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We noted that the practice was actively engaged in recruiting staff to cover permanent and temporary vacancies.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training. Oxygen with adult and children's masks was available and this was checked regularly to ensure there were adequate supplies available. The practice had a defibrillator which was checked regularly. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines were regularly checked to ensure they were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The two GPs, a trainee GP, the practice pharmacist, an advanced nurse practitioner and a practice nurse we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We looked at minutes of regular clinical and practice meetings where new guidelines were shared, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we looked at confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them.

Discussion with two GPs, a trainee GP, the practice pharmacist, one of the advanced nurse practitioners and a practice nurse as well as looking at how information was recorded and reviewed, demonstrated that systems were operating to ensure patients were being effectively assessed, diagnosed, treated and supported.

Management, monitoring and improving outcomes for people

Information about the outcomes of patients care and treatment was collected and recorded electronically in individual patient records. This included information about their assessment, diagnosis, treatment and referral to other services. Whilst arrangement were in place to summarise the medical records of new patients to the practice it was evident that there was a back log in summarising the medical records of new patients to the practice (from January 2015). There was no evidence to indicate this has to date impacted on patient welfare. However to minimise risk and maximise patient safety the provider should take action to clear this back log and ensure information in patient records can be easily and quickly accessed by the clinicians. We discussed this matter with the provider at the time of our visit.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. It was evident from the discussions we had with the clinical team that clinical audit was an important feature of clinical practice and documentation relating to a number of such projects was seen. We looked at a number of examples of clinical audits in detail. These included audits relating to medicines, particular medical conditions and minor surgery.

We saw evidence of individual peer review and support to discuss issues and potential improvements in respect of clinical care. The recent practice meeting minutes we looked at provided details of how the actions to make improvements taken were monitored over time to ensure they were embedded and effective.

Feedback from patients we spoke with, or who provided written comments, was very positive and complimentary in respect of the quality of the care, treatment and support provided by the practice team. There was no evidence of discrimination or barriers in relation to the provision of care, treatment or support.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, information governance, infection control, manual handling, equality and diversity and mental capacity awareness. Staff had access to and made use of e-learning training modules and face to face training. Staff were given protected time for training.

Good

Are services effective?

(for example, treatment is effective)

- We saw evidence that any locum GPs used by the practice had all received an induction into the practice clinical and non-clinical routine ways of working.

Coordinating patient care and information sharing

Systems were in place to ensure patients were able to access treatment and care from other health and social care providers where necessary. This included patients who had complex needs or had been diagnosed with a long term condition. There were clear mechanisms to make such referrals promptly and this ensured patients received effective, co-ordinated and integrated care. We saw referrals were assessed as being urgent or routine. Patients we spoke with, or received written comments from, said that if they needed to be referred to other health service providers this was discussed fully with them and they were provided with enough information to make an informed choice.

We saw clinicians at the practice followed a multidisciplinary approach in the care and treatment of their patients. For example we looked at the minutes of monthly multidisciplinary meetings held to discuss the best ways to provide care to patients and manage risks. There was also a co-ordinated approach to communicating and liaising with the provider of the GP out of hour's service. In particular the practice provided detailed clinical information to the out of hour's service about patients with complex healthcare needs. Also all patient contacts with the out of hour's provider were reviewed by a GP the next working day.

A system was in place for hospital discharge letters and specimen results to be reviewed by a GP who would initiate the appropriate action in response.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the clinician assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

At the time of our visit the practice was in the process of recruiting a new health care assistant to ensure all new patients, including children, were provided with appointments to establish their medical history and current health status. This will enable the practice clinicians to quickly identify who requires extra support such as patients at risk of developing, or who already have an existing long term condition such as diabetes, high blood pressure or asthma. We noted that in the absence of a health care assistant new patients were not currently completing a health questionnaire on registration. Whilst we acknowledge that the patient demographic of the practice means that the vast majority of new patients present 'acutely' and seek an appointment with a clinician (when initially history taking/screening takes place) this may not always be the case. Therefore the completion of a health questionnaire by new patients should be requested and assessed by a clinician to assess any immediate health risks.

Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health. A wide range of health promotion information was available and accessible to patients particularly in the patient waiting area of the practice. This was supplemented by advice and support from the clinical team at the practice. Health promotion services provided by the practice included smoking cessation and weight management. The practice had arrangements in place to provide and monitor an immunisation and vaccination service to patients. For example we saw that childhood immunisation and influenza vaccinations were provided. Childhood immunisation rates for the vaccinations given to under two year ranged from 85.7% to 100% and for two years to five years ranged from 14.3% to 42.9%. In respect of influenza vaccinations 63.64% of patients over 65 years had received a seasonal influenza vaccination. The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.1% (The national average is 81.88%).

The provision of health promotion advice was also an integral part of each consultation between clinician and patient. Patients were also enabled to access appropriate health assessments and checks. A system was in place to provide health assessments and regular health checks for

Good

Are services effective?

(for example, treatment is effective)

patients when abnormalities or long term health conditions are identified. This included sending appointments for patients to attend reviews on a regular basis. When patients did not attend this was followed up to determine the reason and provide an alternative appointment.

The practice was also working with Greater Manchester Fire Services on a project to help identify high risk patients with long term conditions which also put them at higher risks of accidental house fires. They were also planning in conjunction with the fire service to develop an innovative project to help give the flu vaccinations hard to reach groups.

Patients with long term sickness were provided with fitness to work advice to aid their recovery and help them return to work.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We received 26 completed CQC comment cards and spoke with nine patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs.

Comments we received from patients were very positive in respect of the care and treatment they received at the practice. They told us the practice staff communicated with them well. They also told us staff at the practice treated them with respect, in a polite manner and as an individual. The July 2015 GP patient survey reflected that 71.8% of respondents said the last GP they saw or spoke to was good at treating them with care and concern (CCG average; 85.1%, England average; 85.1%). 77.4% of respondents said the last nurse they saw or spoke to was good at treating them with care and concern (CCG average; 91%, England average; 90.4%). 90.6% of respondents had confidence and trust in the last GP they saw or spoke to (CCG average; 95.1%, England average; 95.3%). 97.6% of respondents had confidence and trust in the last nurse they saw or spoke to CCG average; 97.2%, England average; 97.2%).

We observed staff to be helpful, pleasant and respectful with patients and each other during our inspection visit.

Patient appointments were conducted in the privacy of individual consultation rooms. Patients said their privacy and dignity was respected and maintained including when physical or intimate examinations were undertaken. Examination couches were provided with privacy curtains for use during physical and intimate examination and a chaperone service was provided.

Staff we spoke with said if they witnessed any discriminatory behaviour or where a patient's privacy and dignity was not respected they would be confident to raise the issue with the practice manager. We saw no barriers to patients accessing care and treatment at the practice.

Care planning and involvement in decisions about care and treatment

Comments we received from patients demonstrated that practice staff listened to them and concerns about their health were taken seriously and acted upon. They also told us they were treated as individuals and provided with information in a way they could understand and this helped them make informed decisions and choices about their care and treatment. A wide range of information about various medical conditions was accessible to patients from the practice clinicians and was prominently displayed in the waiting area.

Where patients and those close to them needed additional support to help them understand or be involved in their care and treatment, the practice had taken action to address this. For example language interpreters were accessed when required.

Patient/carer support to cope emotionally with care and treatment

There was a person centred culture where the practice team worked in partnership with patients and their families. This included consideration of the emotional and social impact patient care and treatment may have on them and those close to them. The practice had taken proactive action to identify, involve and support patient's carers. One of the practice team took the lead in this area. The practice waiting room contained prominently displayed information for carers and patients are invited to self-refer to the practice with regard to their caring responsibilities. A wide range of information about how to access support groups and self-help organisations was available and accessible to patients from the practice clinicians and in the reception area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had planned and implemented a service that was responsive to the needs of the local patient population. The practice actively engaged with commissioners of services, local authorities, other providers, patients and those close to them to support the provision of coordinated and integrated care and treatment to ensure that patient's needs were appropriately met. One of the GPs regularly attends the CCG neighbourhood forum and subsequently updates colleagues at the practice at the regular clinical and practice meetings.

Efforts were made to ensure patients were able to access appointments with a named doctor where possible. Where this was not possible continuity of care was ensured by effective verbal and electronic communication between the clinical team members. Patients were able to access appointments with a male or female GP if preferred. Longer appointments could be made for patients such as those with long term conditions or who were carers. Home visits were provided by the GPs to patients whose illness or disability meant they could not attend an appointment at the practice.

Systems were in place to ensure that vulnerable patient groups were able to access medical screening services such as annual health checks, monitoring long term illnesses, smoking cessation, weight management, immunisation programmes, or cervical screening. Where patients did not attend such appointments there was a system in place to establish the reasons why and offer another flexible appointment to encourage patients to attend and discuss any concerns they may have.

We saw the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with Salford CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). It also assisted the practice to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews.

Systems were in place to identify when people's needs were not being met and informed how services at the practice were developed and planned. A variety of information was used to achieve this. For example profiles of the local prevalence of particular diseases, the level of social deprivation and the age distribution of the population provided key information in planning services. Significant events analysis, individual complaints, survey results and clinical audits were also used to identify when patients needs were possibly not being met. This information was then used to inform how services were planned and developed at the practice.

The practice had a reception area, a patient waiting area and consultation and treatment rooms. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. There were also facilities to support the administrative needs of the practice.

Tackling inequity and promoting equality

Action had been taken to remove barriers to accessing the services of the practice. The practice team had taken into account the differing needs of people by planning and providing care and treatment services that were individualised and responsive to individual needs and circumstances. This included having systems in place to ensure patients with complex needs were enabled to access appropriate care and treatment such as patients with a learning disability or mental health needs. People in vulnerable circumstances were able to register with the practice.

Access to the service

We received 26 completed CQC comment cards and spoke with nine patients on the day of inspection. We spoke with people from various age groups and with people who had different health care needs. Patients we spoke with or received comments from expressed satisfaction about being able to get through to the practice on the telephone in the mornings and securing an appointment to see a clinician.

The results of the January 2015 GP survey reflected 82.6% of respondents were satisfied with the surgery's opening hours. 85.3% of the respondents found it easy to get through to the practice by phone. 86.7% were able to get an appointment to see or speak to someone the last time they tried and 70.8% said the last GP they saw or spoke to was good at giving them enough time. 89.1% of respondents found the receptionists at the practice helpful. Also 88% said the last appointment they got was

Good

Are services responsive to people's needs?

(for example, to feedback?)

convenient and 81.2% described their experience of making an appointment as good. 83.4% said they would recommend this surgery to someone new to the area. We noted that the practice had acknowledged the results of patient surveys and had implemented action to improve patient access to clinicians. This included increasing the numbers of appointments available and the triage of emergency appointments.

The opening times of the practice were 8am to 7.30pm Monday and Tuesday, 8am to 6.30pm Wednesday to Friday. Clinician appointment times were Monday 8am to 1.30pm and 2.30pm to 7.30pm, Tuesday 9.30am to 1.30pm and 3.30pm to 7.30pm, Wednesday 8am to 1pm and 3.30pm to 6.30pm, Thursday and Friday 8am to 1pm and 2pm to 6.30pm. The practice has opted out of providing out-of-hours services to their patients. In case of a medical emergency outside normal surgery hours advice was provided by NHS 111. They would then arrange for the out of hours GP service to see patients if required. The practice website and patient information leaflet available at the practice details how to access medical advice when the practice is closed. Patients are also provided with these details via a recorded message when they telephone the practice outside the usual opening times.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and there is a designated responsible person who handles all complaints in the practice.

The practice kept a complaints log for written complaints. We looked at all complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was a culture of openness and transparency by the practice when dealing with complaints.

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 lead GP described to us a clear value system which provided the foundations for ensuring the delivery of a high quality service to patients. The culture at the practice was one that was open and fair. Discussions with clinicians, other members of the practice team and patients supported that this perception of the practice was widely shared.

Governance arrangements

There were defined lines of responsibility and accountability for clinical and non-clinical staff. Regular clinical and practice meetings were held. We looked at minutes from recent meetings and found that performance, quality and risks had been discussed. Discussion with the lead GP and other members of the practice team demonstrated the practice operated an open and fair culture that enabled staff to challenge existing practices and thereby make improvement to the services provided. These arrangements supported the governance and quality assurance measures taken at the practice and enabled staff to review and improve the quality of the services provided. The lead GP participated and interacted with Salford Clinical Commissioning Group (CCG) to keep up to date with local health care trends and developments and shared this knowledge with their colleagues at the practice in order to enable them to consider what improvements could be made to develop and improve the services they provided to patients.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance and identify areas for improvement. We saw that QOF data was regularly discussed within the practice and action was taken to maintain or improve outcomes.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice or as part of the practice's engagement with local audits. It was evident from the discussions we had with the clinical team that clinical audit was an important feature of clinical practice and documentation relating to a number of such projects was seen. We looked at a number of examples of clinical audits in detail. These included audits relating to medicines, particular medical conditions and minor surgery.

Leadership, openness and transparency

The service was transparent, collaborative and open about performance. There was a clear leadership structure. We spoke with eleven members of staff and they were all clear about their own roles and responsibilities. They all told us that their role was valued, they were well supported and knew who to go to in the practice with any concerns.

We saw that clinical and practice meetings were held regularly. We note that meetings were held on the same day of the week. This meant that whilst all staff could add items for discussion (and received minutes of the meeting) not all staff could attend. Consideration should be given to reviewing dates of future meetings to enable staff who may not work particular days to attend some meetings. Staff told us that there was an open culture within the practice and they had the opportunity to raise issues at staff meetings, during individual appraisal meetings or during the regular informal discussions that took place. There was a strong emphasis on team work within the practice. Staff were very supportive of each other and the clinicians we spoke with described (and valued) a well-established system of peer support that meant they could quickly seek advice and support from their clinical colleagues on a daily basis.

Measures were in place to maintain staff safety and wellbeing. Induction and ongoing training included safety topics such as the prevention of the spread of potential infections and other health and safety issues. A procedure for chaperoning patients was also in place to protect staff as well as patients.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patient surveys and compliments and complaints received. This had prompted the practice to recently implement actions to improve patient access to clinicians. This included increasing the numbers of appointments available and the triage of emergency appointments.

Are services well-led?

Good

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

The practice had established a patient participation group in order to maximise feedback from patients and involve them more in developing and improving services at the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they were able to give feedback and discuss any concerns or issues and that their contributions were respected and valued.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through regular training and appraisal. We saw that staff appraisals had taken place and included a process for documenting, action planning and reviewing appraisals. Staff told us that the practice was very supportive of them accessing training relevant to their role and personal development.

Blackfriars Medical Practice is accredited by the North Western Deanery of Postgraduate Medical Education as a GP Training Practice, providing post graduate training and experience for qualified doctors who are training to become GPs. The practice also provides placements for medical students.

The practice had completed reviews of significant events, complaints and other incidents and shared the outcomes of these with staff during meetings to ensure outcomes for patients improved.