

Heaton Norris Health Centre 1 Dr Marshall and partners

Quality Report

Heaton Norris Health Centre
Cheviot Close
Heaton Norris
Stockport
SK4 1JX

Tel: **0161 480 3338**

Website: **www.drmarshallandpartners.co.uk**

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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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Heaton Norris Health Centre 1 (Dr Marshall and partners) on 23 November 2016. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with staff and stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had

the skills, knowledge and experience to deliver effective care and treatment. The practice had a strong commitment to supporting staff training and development.

- Feedback from patients about their care was consistently and strongly positive. Patients described the GPs and staff as caring and professional.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure they met people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a direct response to feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
- Evidence was available that demonstrated the practice complied with the Duty of Candour requirement.

Summary of findings

We saw some areas of outstanding practice:

- The practice nurse, working with the health visitors delivered a talk every six to eight weeks to new mums at the local Sure Start children's centre to emphasise the importance and benefits of baby and young children's immunisations and vaccinations. The practice uptake was comparable to the CCG.
- The practice had recognised that patients living locally lived in an area of high deprivation and that some patients were unable to buy food. To support their patients the practice had established working relationships with the local food banks to provide

patients with food vouchers to use at the food banks. The practice provided this support discreetly, recognising the potential loss of dignity patients might feel.

The areas where the provider should make improvement are:

- Strengthen existing arrangements for the security of prescriptions to fully reflect the NHS Security of prescription forms guidance.
- Establish a rolling programme of regular clinical audit and re-audit.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Significant events and incidents were investigated and areas for improvement identified and implemented. These were reviewed at regular full team meetings to ensure the required changes were fully embedded into the practice procedures. The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received truthful information, support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits targeted areas relevant to the local population demographic and these demonstrated quality improvement.
- A range of planned meetings were undertaken including weekly GP meetings, monthly staff meetings full practice meetings every second month and quarterly clinical meetings. Patient health care needs, significant events, safeguarding and complaints were reviewed alongside the performance of the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received mandatory and role specific training. Staff said they felt supported by the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others in almost all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients' comments provided examples of the personal support they received from the GPs, for example supporting carers and supporting patients with bereavement.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff were committed and trained to provide good customer care.

Good



Are services responsive to people's needs?

The practice is rated as good 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 (CCG) to secure improvements to services where these were identified. The practice participated in the local neighbourhood complex care multi-disciplinary team.
- Patients said they found it easy to make an appointment and there was continuity of care from the GPs, with urgent appointments available the same day.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- Home visits to review patients who were housebound and had a long-term conditions were undertaken.
- A weekly visit to a local care home was undertaken by the same GP to ensure continuity of care.
- The practice also had a designated GP to provide care and treatment four days each week to patients accommodated on a 22 bedded intermediate care unit.
- The practice pharmacist also visited house bound patients to discuss prescribed medicines. Feedback from patients was that this was a valuable service.
- One practice nurse delivered a talk every six to eight weeks to new mums at the local Sure Start centre to emphasis importance and benefits of baby and young children's immunisations and vaccinations.

Good



Summary of findings

- The practice was implementing a plan targeting 25 year old women to raise awareness about the importance of cervical screening.
- GPs had responded to patients' needs by forging links with local food banks so that they could supply food vouchers to those patients in need.
- The practice had the facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision was developed with stakeholders and was reviewed regularly and this was discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient reference group was the practice's patient participation group (PPG) and this was a virtual group with 196 members. The practice was planning to set up face to face meetings. The practice sought feedback from member of the PPG and results of surveys were available on the practice web site.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered a mixture of pre-bookable, on the day urgent appointments and telephone appointments.
- Home visits were available for those with enhanced needs. The practice pharmacist also visited house bound patients to discuss prescribed medicines.
- Planned weekly visits to a local care homes were undertaken by the GPs. This provided continuity of care. The practice also provided continuity of care to an intermediate care unit four days per week.
- The practice met regularly with the neighbourhood multidisciplinary team including the advanced nurse practitioner to discuss the complex care needs of patients. Regular palliative care meetings were held with the district nurses and Macmillan nurses.
- Data from the practice showed that the results of their flu campaign for 2015 for over 65 year old reflected the national average of 71%.

Good



People with long term conditions

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

- The practice performed similarly to the local and national averages in the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16.
- The practice encouraged patients to self refer to education programmes for the management of diabetes and other long term conditions.
- The practice pharmacist supported the clinical team to ensure medicine reviews were undertaken and monitored the dosage of prescribed medicines to ensure patients received the optimal clinical dosage.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All 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

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.
- The practice held regular meetings to review patients considered at risk or with a child protection plan in place.
- Immunisation rates were comparable to the Clinical Commissioning Group (CCG) rates for all standard childhood immunisations. To encourage uptake a practice nurse delivered a talk, every six to eight weeks to new mums at the local Sure Start children's centre to emphasise the importance and benefits of baby and young children's immunisations and vaccinations. The practice held children's flu parties to encourage uptake of the flu vaccine.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 73% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG and England average of 75%.
- The practice's uptake for the cervical screening programme was 73%, which was below the CCG and the national average of 81%. The practice had recognised they needed to improve the uptake of this screening and had implemented a plan to target 25 year old women by holding an educational evening to raise awareness of the importance of this screening.

Good



Working age people (including those recently retired and students)

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

- The 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.

Good



Summary of findings

- The practice offered flexible surgery times including later evening appointments until 8pm on Mondays and two Saturday mornings each month. Telephone consultations were also available.
- The practice was proactive in offering online services such as booking and cancelling appointments and ordering prescriptions.
- The practice website also offered information on health promotion and screening.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable and those 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.
- The practice had recognised that patients living locally lived in an area of high deprivation and that some patients were unable to buy food. To support their patients the practice had established working relationships with the local food banks to provide patient with food vouchers to use at the food banks. The practice provided this support discreetly, recognising the potential loss of dignity patients might feel. There were four food banks locally.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Data from 2015/16 showed that 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, reflected the Clinical Commissioning Group (CCG) of 85% and the England average of 84%.

Good



Summary of findings

- 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was lower than the CCG average of 92% and the England average of 89%.
- 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 a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing better than local and national averages. A total of 278 survey forms were distributed, and 112 were returned. This was a return rate of 40% and represented approximately 1.7% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

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

We received 12 comment cards, all of which were extremely positive about the standard of care received. Comment cards described the practice, GPs and reception staff as being responsive, caring and willing to listen.

We spoke with two patients the following day by telephone. Both were extremely complimentary about the quality of care they received from the GP and their comments reflected the information we received from the CQC comment cards. Patients said they could get appointments when needed, and they praised the practice manager, the reception team, the nursing team, the pharmacist and the GPs. Examples of support provided included being responsive to the needs of a carer, supporting patients with end of life care and with bereavement.

The practice had a patient participation group (PPG) that was currently more of a virtual group. However, one member of the PPG came in specifically to the practice to discuss the group with ideas of how the practice could move this forward to include face to face meetings the patient was complimentary about the care they received from the GP practice.

Areas for improvement

Action the service SHOULD take to improve

- Strengthen existing arrangements for the security of prescriptions to fully reflect the NHS Security of prescription forms guidance.
- Establish a rolling programme of regular clinical audit and re-audit.

Outstanding practice

We saw some areas of outstanding practice:

- The practice nurse, working with the health visitors delivered a talk every six to eight weeks to new mums at the local Sure Start children's centre to emphasise the importance and benefits of baby and young children's immunisations and vaccinations. The practice uptake was comparable to the CCG.
- The practice had recognised that patients living locally lived in an area of high deprivation and that some patients were unable to buy food. To support their patients the practice had established working relationships with the local food banks to provide patients with food vouchers to use at the food banks. The practice provided this support discreetly, recognising the potential loss of dignity patients might feel.

Heaton Norris Health Centre 1 Dr Marshall and partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Heaton Norris Health Centre 1 Dr Marshall and partners

Heaton Norris Health Centre 1 Dr Marshall and partners, Heaton Norris Health Centre

Cheviot Close, Heaton Norris, Stockport, SK4 1JX is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical services (GMS) contract with NHS England. The practice confirmed they had 6670 patients on their register.

The practice is a registered partnership between three female GPs and one male GP. The practice employs two salaried GPs, a pharmacist, a practice manager, a reception manager, two practice nurses and one health care assistant as well as reception and admin staff. The practice is a training practice for undergraduate medical students.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the

highest levels of deprivation and level ten the lowest. Male and female life expectancy (76 and 81 years respectively) in the practice geographical area is below the England and CCG averages of 79 and 83 years.

The practice's patient population has a higher rate of long standing health conditions (62% compared to 53% locally and 54% nationally) and there is a significantly higher rate of unemployment at 19% compared to 5% locally and nationally.

The practice is located within a NHS property service health centre. The district nursing and health visitors' teams, podiatry, physiotherapy and continence service are located within the building. There is also one independent pharmacy. The community midwives team run a weekly antenatal clinic at the practice and a blood anti-coagulation clinic is held at the centre each week. The building provides six consultations rooms all with ground level access, which is suitable for people with mobility issues. Car parking is available across from the practice and local shops are available close by.

The practice reception is open from 8.00am until 8pm on Monday and includes extended access to GP appointments. The reception is open Tuesday to Friday from 8.30am to 6.30pm. The practice opens two Saturday mornings per month (2nd and 3rd Saturday) from between 8am until 1pm and offers both GP and practice nurse appointments. Telephone appointments are also available.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book and cancel appointments and order prescriptions.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

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

During our visits we:

- Spoke with a range of staff including three GPs partners, one salaried GP, the practice pharmacist, the practice manager, the reception manager, a practice nurse, a health care assistant and three receptionists.
- Spoke with one patient who was a member of the patient participation group and two patients by telephone the day after the visit.

- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients 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.

Are services safe?

Our findings

Safe track record and learning

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

- Staff were aware how to record a significant event and access to a recording form, available on the practice's computer system. Staff told us they were also inform the practice manager of any incident they identified or were aware of. Staff provided examples of recent incidents and the actions taken.
- Records of significant events showed that detailed investigation had been carried out and actions to improve service delivery recorded. All incidents and some complaints were also investigated as significant events. Full practice meeting minutes showed that significant event were discussed and action identified and agreed. The practice routinely reviewed the significant events three month after the initial incident to the actions undertaken were fully embedded in the practices procedures. These were also reviewed at the full practice meeting before being closed.
- Staff confirmed there was an open safe environment to raise issues and concerns. A policy was in place to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse were established. These arrangements reflected relevant legislation and local requirements. 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 two GP leads for safeguarding, one for children and one for adults. All GPs were trained in children's safeguarding to level 3 and had received training in adult safeguarding. The topic of safeguarding was a standing agenda item on the regular GP meetings and full practice meetings. GPs also attended Clinical Commissioning Group (CCG) training updates and

following one these the GPs amended their recording template to include details of adults attending with children at the surgery. This resulted in a positive outcome for one child identified at potential risk.

- The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. They monitored children identified at risk on their patient register and liaised with health visitors and school nurses. Staff we spoke to demonstrated they understood their responsibilities in relation to safeguarding adults and children and had received training appropriate to their role. The practice nurse was trained in children's safeguarding to level 2.
- Notices displayed at the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice was maintained and cleaned by the NHS Property Services. We observed the premises to be clean and tidy. The practice monitored the standards of cleanliness and hygiene and reported any issues and concerns. The clinical nursing team also had responsibilities to undertake daily checks on the clinical rooms to ensure they were clean and stocked with appropriate supplies. The infection control clinical lead liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The local authority health protection nurse had undertaken an infection control audit at the practice in April 2016 and the practice scored 100% across all areas.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use,

Are services safe?

although security of prescription paper did not fully reflect the guidance provided by the NHS Business Service guidance. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and health care assistants were trained to administer vaccines against a patient specific direction from a prescriber.

- The practice also employed their own pharmacist for two days per week. The pharmacist was also qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The pharmacist had several areas of responsibility including reviewing patient prescriptions, updating patient prescriptions following discharge from hospital, working with the GPs to support patients with chronic pain, undertaking medicine audits and updating the clinical team of drug safety alerts.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There was a system in place to record and check professional registration with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice landlord had supplied the practice with a copy of the building fire

risk assessment and weekly fire alarm checks were undertaken. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had copies of other risk assessments in place for the premises such as Legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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 clinical staff received annual basic life support training. Staff spoken with were knowledgeable about how to respond to medical emergencies.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/16 were 94% of the total number of points available with a rate of 8% exception reporting for all clinical indicators. The rate of exception reporting was slightly higher than the 7.2% average for the Clinical Commissioning Group (CCG) and lower than the England average rate of 9.8%. (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 not an outlier for any QOF (or other national) clinical targets. Data available for the QOF diabetic indicators in 2015/16 showed that some indicators scored slightly lower than local and national averages:

- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months was 70%, compared to the CCG average of 80% and the England average of 78%.
- The record of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 88%, which was above the CCG average of 80% and the England average of 77%.

- The record of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 89%, which was above the CCG average of 85%, and the England average of 80%.
- 85% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%.

Other data from 2015/16 showed the practice performance was similar to local and England averages. For example:

- 83% of patients with hypertension had their blood pressure measured in the preceding 12 months and was less than 150/90 mmHg compared to the CCG average of 84% and the England average of 82%.
- 77% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 75%.
- 76% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 85% and the England average of 84%.
- 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was lower than the CCG average of 92% and the England average of 89%.

The practice staff we spoke with said there was a group of patients that did not respond to requests to attend for their long term conditions reviews despite repeated text reminders and letters.

There was evidence of quality improvement including clinical audit although a rolling programme of regular clinical audit and re-audit was not established.

- We reviewed two completed clinical audits one for safeguarding children which reviewed the quality of documentation at children's appointments. This included recording the name of the accompanying adult. The initial audit identified 20% of records included the name and details of the accompanying adult. The re audit six months later identified improvement with 72% of records detailing the accompanying adult information. The impact of this identified one child being put at potential risk by having contact with an adult restricted from having this contact. The second audit we reviewed was an audit on obesity, which was also relevant to the practice patient

Are services effective?

(for example, treatment is effective)

population. These audit parameters were to offer patients over 18 years of age and with a BMI of 40 the opportunity for support with weight management and lifestyle choices. The re-audit identified that all eligible patients were offered support however a significant number of patients 19 out of 24 did not seek additional support.

- The practice participated in local audits, national benchmarking, accreditation and peer review. For example, the practice had recognised they were an outlier for prescribing hypnotic medicines such as sleeping tablets. In response the practice GPs and pharmacist were working through a programme with patients to seek ways to reduce or stop this medication. The practice monitored and audited their progress with this. The initial audit and action plan commenced in September 2015 and following a re-audit in June 2016 the practice identified good progress with five patients stopping the medicine and 45 patients on a reduced dosage. The hypnotic reduction plan and audit was ongoing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff told us about the regular ongoing training they had received including safeguarding, fire safety awareness, basic life support and information governance. At the time of our visit all staff on duty attended a fire safety lecture.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, discussion at practice meetings and attendance at regular training updates.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- The practice was a GP teaching practice for undergraduate medical students based at Manchester University. We saw evidence from the university that showed students had rated their learning experience highly. The practice was awarded a silver award in 2015 for their teaching.

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 plans, medical records and investigation and test results.
- 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 professionals 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. Meetings took place with other health care professionals on a regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 73%, which was below the CCG and the national average of 81%. The practice had recognised they needed to improve the uptake of this screening and had implemented a plan to target 25 year old women by holding an educational evening to raise awareness of the importance of this screening. Working with Public Health England the practice held an awareness/educational evening and invited patients to attend. Twelve patients attended, five of which had the cervical screening undertaken and other patients made appointments for this test. Further educational evenings were planned.
- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests were slightly below the CCG and England average.
- Childhood immunisation rates for the vaccinations given in 2014/15 were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 69% to 93% compared to the CCG range of 69% to 91%. Rates for five year olds ranged from 82% to 95% compared to the CCG range of 85% to 92%. To encourage uptake of immunisations and vaccinations for babies and young children a practice nurse attended the local Sure Start children centre every six to eight weeks to give a talk to parents and answer questions on the the importance and benefits of of the immunisations and vaccinations.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–70. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff demonstrated that they knew the patients attending the surgery. They provided examples where they had made the GP or practice manager aware of patients they were concerned about. They also provided examples of how they had recognised people's discomfort, for example when asking for a food voucher and offered an area of privacy to the patient.

We received 12 comment cards, all of which were extremely positive about the standard of care received. Comment cards described the practice, and the staff, many of which were named, as being helpful, caring, listening and dependable.

We spoke with two patients the day after the inspection by telephone. Both were extremely complimentary about the quality of care they received from the GP and their comments reflected the information we received from the CQC comment cards. Patients said they could get appointments when needed, and they praised the practice manager, the reception team, the nursing team, the pharmacist and the GPs. Examples of support provided included being responsive to the needs of a carer, supporting patients with end of life care and with bereavement.

One member of the patient reference group (the practice's patient participation group) came in specifically to the practice to discuss this group. They were complimentary about the care they received from the GP practice.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service

provided to patients above the averages for the Clinical Commissioning Group (CCG) and England. Results showed patients felt that they were treated with compassion, dignity and respect. For example:

- 97% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England average of 87%.

Care planning and involvement in decisions about care and treatment

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

The practice ensured vulnerable patients such as those who were housebound or had a long term condition had an agreed plan of care in place. All housebound patients benefited from home visits from GPs, practice nurse and health care assistant dependent on the patients' needs. We were told that 2% of the patient population had a care plan recorded and examples of these were available.

Results from the national GP patient survey showed patients' responses indicated they felt more involved in their care when compared with the averages for the CCG and England. For example:

Are services caring?

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop system was available for those people with hearing impairment and a sign language service was also available if required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The GPs were very knowledgeable about the needs of patients and their individual circumstances. Patients we spoke with provided different examples of this. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers, which was just under 1% of the practice population. Discussion with patients provided examples of where the GPs had supported them with the carers' role.

Written information was available to direct carers to the various avenues of support available to them, including questionnaires for patients' to self refer to a local charity 'Signpost Stockport For Carers'.

Staff told us that if families had suffered bereavement, they provided support in accordance with the patient's wishes. One patient told us that the GPs and the practice management team were very supportive following a recent bereavement.

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 later evening GP appointments on Mondays until 8pm and Saturday morning surgeries on the 2nd and 3rd Saturday every month between 8am and 1pm.
- Appointments times were 10 minutes long but the GPs told us they were reviewing whether to increase this to 15 minutes.
- There were longer appointments available for patients with a learning disability or special health care need.
- Housebound patients were supported by regular reviews from GPs the practice pharmacist and the practice nursing team.
- The practice provided care and treatment to patients living in a local care home. Planned weekly visits were undertaken by a dedicated GP. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients. Additional visits were provided in an emergency.
- The practice also had a designated GP to provide care and treatment to patients accommodated on a 22 bedded intermediate care unit.
- The practice pharmacist also visited house bound patients to discuss prescribed medicines. Feedback from patients was this was a valuable service.
- One practice nurse delivered a talk every six to eight weeks to new mums at the local Sure Start children's centre to emphasise the importance and benefits of baby and young children's immunisations and vaccinations. The practice told us they consistently achieved over 95% uptake of these. Parents of children who missed appointments for immunisations and vaccinations were called up to reschedule.
- The practice were implementing a plan targeting 25 year old women to raise awareness about the importance of cervical screening. This included holding raising awareness/ education evenings for the target patient group.

- GPs had responded to patients' needs by forging links with local food banks so that they could supply food vouchers to those patients in need. The practice provided this support discreetly, recognising the potential loss of dignity patients might feel.
- The practice had the facilities and was well equipped to treat patients and meet their needs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice reception was open from 8.00am until 8pm on Mondays and included extended access to GP appointments. The reception was open Tuesday to Friday from 8.30am to 6.30pm and the practice opened two Saturday mornings each month (2nd and 3rd Saturday) from 8am until 1pm and offered both GP and practice nurse appointments.

The practice regularly monitored and reviewed its appointment availability against patient demand. A mixture of urgent and routine appointments were available daily and telephone appointments were available. The practice released appointments slots at intervals through the day to ensure availability of urgent slots. On the day of our visit one routine appointment was available for the later that afternoon and one for the following day

Results from the national GP patient survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was higher than the local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- 94% said the last appointment they got was convenient compared to the CCG average of 93% and England average 92%

People told us on the day of the inspection that they could always see a GP if they needed to.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs? (for example, to feedback?)

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We reviewed the three complaints received by the practice and observed that these were responded to appropriately with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

The practice also logged compliments and minutes of team meeting showed that these were also shared with the team alongside the discussions about 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 practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement with supporting aims and objectives. These included, "Commitment to our patients' needs and continued improvements to patient centred service through shared decision making and communication". The practice's ethos was to look after their patients, look after each other in a non-hierarchical, non blame culture where people are individuals not a number.

- The practice had a business development plan that detailed the practice's goal and identified objectives for the year to march 2017. The business plan included different sections for the practice team to work to and these included patient services, personal development, prescribing, information management and technology (IM&T), staffing and the patient participation group. The practice held weekly management/partners meetings supported with full practice meeting every second month, regular partners meeting weekly management meetings, monthly clinical and practice meetings and quarterly strategy meetings.
- There was a commitment by all the practice staff to deliver a quality service. The staff we spoke with were all committed to providing a high standard of care and service to patients. Feedback from patients indicated they felt the service they received was of an high standard.

Governance arrangements

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

- The practice manager ensures the practice's comprehensive policies and procedures were reviewed regularly and accessible to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice partners had distinct leadership roles and there was a clear staffing structure and staff were aware of their own roles and responsibilities.

- The practice encouraged inclusive team work and all staff were clear on their specific areas of responsibility and leadership.
- Clinical governance procedures were well established and weekly GP meetings, supported by regular full team meetings and GP and practice nurse meetings where significant events, safeguarding and complaints were discussed and reviewed as required. These items were standing agenda items.
- Clinical and internal audit, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for the individual, although a clinical audit plan would develop the practice's governance arrangements further.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. These were reviewed regularly.
- The practice engaged with the Clinical Commission Group (CCG) and attended meetings to contribute to wider service developments.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. A range of meeting minutes were available.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

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

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

- The practice had gathered feedback from patients through the patient reference group (PRG). They gained feedback from emailing and posting out questionnaires to members of the group. One member of the PRG told us they were consulted and updated about services at the GP surgery. They also had ideas to develop and promote the patient group. The practice manager confirmed that they were looking to offer face to face meeting with patients in the future.
- Feedback from patient questionnaires were available on the practice website. For 2016 the practice received 113 responses to their questionnaire. The practice analysed the patient feedback and implemented an action plan to improve services.
- The practice also monitored and analysed the GP patient survey results and linked any issues identified to their feedback action plans.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff attended staff away days and the CCG training courses (Masterclasses). Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We saw a snapshot from a recent staff meeting where staff were actively encouraged to identify both the positives and the areas requiring development about working at the practice. Staff identified good teamwork repeatedly as a real positive of working at the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice recognised future challenges and opportunities and had plans in place to develop the services they provided.
- The practice was a GP teaching practice and supported undergraduate medical students.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.