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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Islington Medical Practice on 3rd May 2016. Overall the practice is rated as requires improvement.

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

- The practice did have arrangements in place to safeguard children and vulnerable adults from abuse. However there was inconsistency with clinicians on the understanding of Deprivation of Liberty Safeguards (DOLS).
- Risks to patients were not fully assessed, for example there was no clear process in place for the Patient Directions Group (PGD enable the nurses to administer vaccinations safely to patients).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that all potential risks are assessed and managed appropriately, specifically in relation to emergency medicines and staffing.

Summary of findings

- The provider must ensure all staff receive training which includes Deprivation of Liberty Safeguards (DOLS). A clear record of all mandatory training for staff must be kept.
- The provider must ensure all policies and protocols are in place and up to date so they can be assured all clinicians and staff follow the same procedure.

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?

Requires improvement

The practice is rated as requires improvement for being safe.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example not all clinicians had an understanding of Deprivation of Liberty Safeguards.
- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- The practice had protocols in place and staff were aware which kept patients safe and safeguarded from abuse.

Are services effective?

Requires improvement

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

- Staff had the experience to deliver care and treatment; however formal mandatory training throughout the practice was not in place.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 96.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87.5% and the national average of 89%.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as requires improvement for being responsive.

- Information about how to complain was available and easy to understand.
- The practice was part of the North Manchester Integrated Neighbourhood Care Team (NMINC) which worked together to support patients who had health or social care needs.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice were aiming to become fully paperless, however we found the changes to systems, process and policies were disorganised and unsystematic.
- The practice had a some policies and procedures to govern activity and held regular governance meetings.
- 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. They also had a patient engagement lead to communicate with patients on services and improvements. The patient participation group was active.

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

Requires improvement

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

This is because the concerns identified in relation to how safe, effective and well led the practice was impacted on all population groups. However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients living in residential or nursing homes had individual care plans that were regularly reviewed.

People with long term conditions

Requires improvement

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

This is because the concerns identified in relation to how safe, effective and well led the practice was impacted on all population groups. However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 97.6%.This was better than the national average of 89%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked with an Expert Patients Group who were based at Manchester University. The programme supported patients with long-term conditions to regain as much control over their physical and emotional well-being as possible.

Families, children and young people

Requires improvement

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

Summary of findings

This is because the concerns identified in relation to how safe, effective and well led the practice was impacted on all population groups. However:

- 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 positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

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

This is because the concerns identified in relation to how safe, effective and well led the practice was impacted on all population groups. However:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- 100% of appointments were accessible to patients online.
- Individual, personalised messages were sent by text to patients to relay information such as blood test results.

People whose circumstances may make them vulnerable

Requires improvement

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

This is because the concerns identified in relation to how safe, effective and well led the practice was impacted on all population groups. However:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Summary of findings

- 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.
- 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.

People experiencing poor mental health (including people with dementia)

Requires improvement 

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

This is because the concerns identified in relation to how safe, effective and well led the practice was impacted on all population groups. However:

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia, with all staff were trained as a Dementia Friend.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 410 survey forms were distributed and 84 were returned. This represented 2% of the practice's patient list.

- 89.6%% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82.2% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87.7% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 86.2% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards the majority of which were all positive about the standard of care received.

The friends and families test showed, 90.4% patients would recommend the practice compared to the national average of 74%.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure that all potential risks are assessed and managed appropriately, specifically in relation to emergency medicines and staffing.
- The provider must ensure all staff receive training which includes Deprivation of Liberty Safeguards (DOLS). A clear record of all mandatory training for staff must be kept.
- The provider must ensure all policies and protocols are in place and up to date so they can be assured all clinicians and staff follow the same procedure.

New Islington Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to New Islington Medical Practice

New Islington Medical Practice is located close to Manchester City centre.

The practice is a large three storeys building which provides multiple services in the community and has community teams based there, which include: district nursing, a community active case dentist and a pharmacy. There was also a second GP surgery based in the building.

The ground floor had full disabled entrance access with a large seated reception area; which was a shared space. The GP consulting rooms were all located on the ground floor with a private room behind reception for patients needing to have a confidential discussion/conversation. There were disabled toilets on both floors, however patients were asked by the community not to use the toilets situated in the waiting area. There were baby changing facilities and a breast feeding room which patients were able to use. All staffing areas were closed off to the public with a fob card entry system.

At the time of our inspection there were 4185 patients registered with the practice. The practice is overseen by North Manchester Clinical Commissioning Group (CCG). The practice delivers commissioned services under the Primary Medical Services (PMS) contract.

The practice is in a highly deprived area of Manchester and has an ethnically diverse population group.

The practice consists of one male GP and two salaried GPs (male). There are two practice nurses and one healthcare assistant. Members of clinical staff are supported by a practice manager, office manager and reception staff. The practice is a teaching practice.

The practice is open from 8am until 6pm Monday to Friday. Appointment times are between 9am and 5.30pm. There are extended hours every Thursday evening between 6.30pm and 8.30pm.

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

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

Detailed findings

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 3 May 2016. During our visit we:

- Spoke with a range of staff (practice manager, reception staff and nurses) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The building was managed by NHS Property Services Ltd who were the landlords and responsible for the maintenance of the building. The practice maintained appropriate standards of cleanliness and hygiene; we observed the premises to be clean and tidy.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. However there was some inconsistency with clinicians on the understanding of Deprivation of Liberty Safeguards.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and nursing staff had received up to date training. Annual 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 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, the practice did recorded serial numbers of handwritten prescriptions pads but did not keep a record of prescriptions which are used in the printer. We identified the practice kept two controlled drug items in stock with no controlled drug register in place, the practice decided to have these items destroyed and informed the inspection team the next day of this arrangement.
- One of the nurses had recently qualified as an Independent Prescriber. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However we found the new system implemented by senior management was not robust and was inconsistent. For example, the duplicate systems showed the electronic PGD was out of date and

the one the nurses were using was in date, causing confusion between staff. Health Care Assistant had completed training to administer vaccines; however was awaiting final sign off by the practice.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. There was no procedure in place to check clinical that staff were registered with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available and the practice had named health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However staff had not received fire training and health and safety training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This was maintained by the practice and the external owners of the building.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH -regulations require employers to control exposure to hazardous substances to prevent ill health) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) maintained by the building owners. However the practice did not maintain their own records.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had 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.

Requires improvement

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 had identified there was historic high prescribing of hypnotic drugs. These drugs can be addictive and they had set in place a system to review, monitor and reduce the numbers of prescriptions for these drugs. The practice identified that previously there had been no process in place to review, monitor and reduce the amount prescribed in the practice. The practice implemented a policy and reviewed all 250 patients accounting for 7% of patients. They successfully reduced this to 211 patients a reduction of 2%. There are clear guidelines on the website for new patients on the prescribing of a hypnotic medicine.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.4% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 97.6%. This was better than the national average of 89%.
- Performance for mental health related indicators was 100%. This was better than the national average of 93%.
- There was evidence of quality improvement including clinical audit.
- There had been clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing treatment for patients who had suffered a transient ischaemic attack (TIA) or "mini stroke" was in line with NICE guidance.

Effective staffing

Staff had the experience to deliver effective care and treatment.

- Other than basic life support training and safeguarding, most staff had not received training that included infection control, mental capacity awareness, fire procedures, equality and diversity and information governance awareness. However we received evidence of training booked using E Learning had been set up for all staff. Records of all staff training were not clear on the day.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- The process for seeking consent was monitored through patient records audits.

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 84.5%, which was below the CCG average of 92.2% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67.6% to 96.3% and five year olds from 87.5% to 97.9%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

The practice had been supporting and referring patients to local charities. One example, we saw referrals of patients to the Wai Yin Society, which supported and provided a community group for the Chinese population.

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

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

All of the 21 patient Care Quality Commission comment cards we received were mainly positive about the service experienced. One card completed by a patient who was not completely satisfied, mentioned how the complaints process in the leaflet was not followed and they had to wait 10 week for a response. However they did state recently there was a positive change. Patients also commented on how good the access to the service was out of normal hours and how using the service was a positive experience. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87.5% and the national average of 89%.
- 87.1% of patients said the GP gave them enough time compared to the CCG average of 84.8% and the national average of 87%.
- 96.9% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94.1% and the national average of 95%
- 88.8% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90.1% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90.4% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88.4% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 90.8% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90.5% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Information leaflets were available in easy read format.

Good

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

The practice successfully linked up patients where consent had been granted to help them support each other going through the same treatments or procedures. We were given two examples where this had been extremely successful and had been a great source of encouragement and support to the patients.

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 practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

One member of the PPG group had arranged for all staff to be trained as a "Dementia Friends Champion".

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was part of the North Manchester Integrated Neighbourhood Care Team (NMINC) which meant working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice had formed a partnership with the Expert Patients Group who were based at Manchester University. The Expert Patients Programme supported people with long-term conditions to regain as much control over their physical and emotional well-being as possible. It was an evidence based self-management programme.
- The practice initiated insulin in the community for patients with diabetes, something normally commenced in secondary care.This enabled patients' care to be closer to home.
- The practice offered a home intravenous therapy (IV) service. IV is a device that is used to allow a fluid (such as blood or a liquid medication) to flow directly into a patient's veins
- There were longer appointments available for patients with a learning disability.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday, Tuesday, Thursday and Friday Every Wednesday afternoon from 1pm the branch was closed. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. All appointments were offered online to all patients who had access. The practice was part of a GPPO Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients, which was hosted at the practice.

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

- 87.1% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90.7% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

On the afternoon of our inspection we checked when the next available appointments were. We saw that an emergency appointment was available that afternoon and a pre-bookable appointment was available.

The practice had a digital display and message board in the waiting area. People told us on the day of the inspection that they were able to get appointments when they needed them.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, summary leaflet was available.

We looked at the complaints file kept by the practice manager and reviewed five complaints received.

Are services well-led?

Requires improvement

(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 which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had a staff handbook which was produced by external company reviewed annually. Some of the policies within the handbook for example grievance procedure were summarised policies and not a true reflection of the in-house procedure.
- Practice specific policies were implemented and were available to all staff. However we identified gaps in the policies. For example the medicine management policy could not be found on the day. It was sent to the inspection team after the inspection.
- The practice are aiming to become fully paperless, however we found the changes made to date from our conversations, were rushed disorganised and unsystematic. We identified examples of duplication, various items stored in multiple places in both electronic and paper format.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection 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 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). However not all systems for example, complaints were not followed for when things went wrong with care and treatment.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG met regularly virtual and face to face where they submitted proposals for improvements to the practice management team.
- The practice had a patient engagement lead available every Friday afternoon. Their role was to discuss any suggestions to services, activities and events with patients which may be beneficial to both patients and the practice. This was a direct result of the PPG at the practice.

Continuous improvement

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

The practice was using the IT systems to its full capacity such as :

- 100% appointment availability was accessible online to patients.
- They used work flow information and mobile applications to help patient led services

Are services well-led?

Requires improvement

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

- Individualised messages were sent direct to patients to relay information such as blood test results.
- Etext which is a text service was available and used to contact patients. For example, there had been a drop in patients missing appointments in the practice by sending a reminder to patients via text.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have adequate checks and process in place.** **This was in breach of regulation 17 (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered person did not ensure staff had completed all mandatory training.** **This was in breach of regulation 18 (2) (a)**