

Dr Yogendra Dutt Sharma

Quality Report

**The Surgery,
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SK2 5JL**

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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?

Good



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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yogendra Dutt Sharma, The Surgery Fulmar Drive, Offerton, Stockport, SK2 5JL on 7 December 2016. Overall the practice is rated requires improvement.

Following a comprehensive inspection in February 2016, the practice was rated as inadequate for providing safe, effective and well-led services, and as requires improvement for providing responsive service and good for providing caring services. Overall the practice was rated as inadequate.

We issued three warning notices and one requirement notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and placed the practice in special measures as a result.

Following the inspection in February 2016, the Clinical Commissioning Group (CCG) supported the provider to

improve the service by facilitating a joint working arrangement with GP partners from another registered practice. This arrangement was implemented from 1 October 2016.

At the time of this inspection (December 2016), Dr Yogendra Dutt Sharma, the registered provider was no longer contracted with NHS England to provide primary medical services at the surgery, Fulmar Drive. The NHS England contract as of the 1 December 2016 was between two GPs partners from a local GP practice (Heaton Moor Medical Group). The new NHS contract holder had commenced their application to register this practice with the CQC as part of their existing registration at Heaton Moor Medical Group.

The Dr Yogendra Dutt Sharma, the registered provider had not yet submitted his application to cancel his registration with the CQC.

At this inspection, we discussed with Dr Yogendra Dutt Sharma the action taken to improve the quality of care and treatment provided at the practice. Dr Sharma confirmed that GPs from Heaton Moor Medical Group had

Summary of findings

been supporting the practice since 1 October 2016 to ensure patients received safe care. He also confirmed that the improvements we found at this inspection were because of the work undertaken by the GPs and practice manager from Heaton Moor Medical Group.

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

- The GPs supporting Dr Sharma, the registered provider, had implemented systems, policies, procedures and processes to ensure effective governance of the practice.
- The GPs were actively assessing the service provided, and were prioritising and responding to the risks and gaps identified in patient care.
- Significant gaps in patient medication reviews had been identified. An audit of repeat prescribing had identified some areas of serious concerns with patients being prescribed medicines with no record of a corresponding healthcare need. For example, 60 patients were prescribed thyroxine but did not have any record of thyroid-stimulating hormone (TSH) blood test used to check the dosage and effectiveness of the medicine. The GPs supporting the registered provider had taken action to address this.
- The Quality and Outcomes Framework (QOF) data for 2015/16 showed a significant drop by over 13% in achievement compared to the previous year. This was approximately 20% lower than the local and national averages. Unverified data provided in January 2017 by the GPs supporting the registered provider demonstrated significant improvements in QOF achievements. A nurse practitioner was working at the practice, alongside the GPs to improve the quality and quantity of patients requiring chronic disease management.
- Evidence of clinical audit had not been available. However the supporting GPs had undertaken four first cycle clinical audits between October and November 2016 to assess the quality of care that been delivered to patients.
- With support of the GPs action had been taken to minimise risks to patients including those in relation to medicine management, responding to medical emergencies and staff recruitment.
- Following liaison with health visitors, school nurses and the local safeguarding unit, a children's safeguarding register was now recorded, coded and accessible to the practice team.
- Staff training plans were being implemented to ensure staff were trained appropriately. This included training in safeguarding.
- Patients said they were treated with compassion, dignity and respect. We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Urgent appointments were available on the day they were requested and routine appointments were available within a couple of days of request. The GPs supporting the registered provider provided a range of services over four locations in Stockport and could offer patients access to appointments at any of these locations. In addition patients now had access to minor surgery, out of hours phlebotomy and specialist diabetic nurse appointments.
- A record of who were members of the patient participation group (PPG) had not been available nor was evidence of previous consultation with the PPG. However the supporting GPs were inviting patients to join their PPG.
- Patients said they found it easy to make an appointment with the GP, with urgent appointments available the same day.

The areas where the practice must make improvements are:

- Ensure the continued review of the whole service provided and continue to implement remedial action in response to identified gaps in the quality of care that has been provided to patients.
- Ensure the continued implementation of systems for reviewing and supporting patients with long term conditions and needs that are more complex.

The areas where the practice should make improvements are:

- Continue with the planned integration of the patient record system.
- Continue with patient medication reviews to ensure that medicines are prescribed appropriately in line with guidance and the required monitoring checks such as blood tests are undertaken.

Summary of findings

- Implement the planned programme of building refurbishment and up grading.
- Continue to promote and develop the patient participation group for the practice

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the new contract holders for this service.

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.

Good



At the previous inspection in February 2016, the practice was rated as inadequate. We found a number of concerns, including inadequate arrangements for reporting safeguarding, responding to significant events, the safe management of medicines and the systems to respond to medical emergencies and the management of risk. Staff recruitment procedures were also inadequate.

At this inspection, we found the GPs supporting the registered provider had taken action.

- The practice manager confirmed there had been only been one incident the evening before our visit and this was being recorded as a significant event and would be investigated as per the practice policy and procedure.
- Significant concerns regarding the repeat prescribing of medicine had been identified by the GPs supporting the registered provider. They introduced a protocol to audit, search and check patients on repeat medicines and identified several areas of concern. Patient medicine reviews were now being undertaken in priority order.
- Policies and procedures had been introduced for the safe disposal of medicines and monitoring systems to track prescription pads, prescription paper and prescriptions for controlled medicines. A pharmaceutical fridge was now available instead of the domestic fridge used to store immunisations and vaccines.
- Risks to patients had been minimised in that an emergency kit, including oxygen and a defibrillator were now available. These were accessible yet stored securely.
- Checks on the building and clinical equipment had been undertaken.
- Recruitment checks for all staff employed by the GPs supporting the registered provider were in place.
- The GPs supporting the registered provider had identified that a safeguarding children's register was not available and they had liaised with local health visitors, school nurses and the local safeguarding team to build and code this list. Comprehensive safeguarding policies had been introduced and staff working at the practice were appropriately trained.

Summary of findings

Are services effective?

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

At the previous inspection in February 2016, the practice was rated as inadequate. We found a number of concerns, including the lack of clinical audit and clinical oversight of the locum GP staff and nursing team. Evidence that clinical team meetings were undertaken was not available nor were records of staff training and clinical competency.

At this inspection we found:

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had deteriorated from 2014/15 (90% achievement) to 77% achievement in 2015/16. QOF data showed the practice's performance was significantly below local and national averages, including diabetes, asthma and blood pressure monitoring. Evidence, although unverified, provided by the GPs supporting the registered provider showed significant improvement in QOF achievements for this year.
- The GPs supporting the registered provider had identified significant gaps in the recording and coding of patient's health care needs including long term conditions, and was working to improve the monitoring of this patient group. The GPs were implementing a remedial plan as part of their quality improvement for the surgery and this prioritised areas of highest risk.
- Staff now had access to clinical guidance and a range of clinical procedures and protocols.
- A nurse practitioner was working at the practice to improve the reviewing of patients with long term conditions and the management of chronic diseases.
- Four clinical audits in response to areas of concern had been undertaken and action taken.
- Staff were now trained and supported. Comprehensive training records to evidence this were available.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

At the previous inspection in February 2016, the practice was rated good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice similarly or higher than others had for some aspects of care.

Good



Summary of findings

- Feedback from patients comment cards about their care and treatment was consistently positive. Many patients' comments were very complimentary about the receptionist.
- The practice had provided information leaflets for patients about the new the services that were available.
- The practice had put up posters requesting patients' views about the changes at the practice and the proposed merger with the larger group practice.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

At the previous inspection in February 2016, the practice was rated as requires improvement. There was no documented evidence that the practice had effectively assessed the needs of its patient population to ensure services provided were responsive to the local population.

At this inspection we found:

- The GPs supporting the registered provider were reviewing 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.
- Patient feedback comment cards said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Facilities and equipment was available to treat patients and meet their needs. The GPs supporting the practice had purchased new equipment equipment to respond to a medical emergency, examination couches and a hearing loop.
- Refurbishment plans were in place to upgrade and improve the building. These included installing a ramp from the car park to the practice front door to support people with disabilities.
- The practice manager confirmed that they had not received any complaints since taking over the responsibility to provide services at the practice. However, information for patients explaining how to make a complaint was available and accessible to patients at the practice.

Good



Are services well-led?

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

At the previous inspection in February 2016, the practice was rated as inadequate. We found a number of concerns including the lack of

Requires improvement



Summary of findings

governance arrangements, policies were not available for many areas of practices, and systems to monitor and check service delivery were not in place. There were no clinical audit or oversight and staff were not trained or formally supported.

At this inspection we found:

- The GPs supporting the registered provider had a clear vision and strategy with supporting business plans to develop and improve the service provided from the GP surgery.
- Clear evidence of an effective governance framework supported with clear leadership was being implemented.
- The GP's priority since taking over at the surgery was ensuring patient safety and reviewing the quality of care and treatment delivered by the practice. This review had identified significant risks to patients. These risks were prioritised and action was being taken to minimise or remove these.
- Regular meetings with all the staff teams were undertaken and minutes were available.
- Policies and procedures were available in paper format and plans were in place to merge the electronic systems at this GP practice with the rest of Heaton Moor Medical Group. This gave all staff access to a shared drive and all the practice policies and procedures.

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 requires improvement for the care of older people. The practice was rated requires improvement for two of the key questions. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- The GPs supporting the registered provider now offered proactive, personalised care to meet the needs of the older people in its population.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Plans were established to participate in local neighbourhood, palliative care and multi-disciplinary team meetings starting January 2017.

Requires improvement



People with long term conditions

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

The practice was rated requires improvement for two of the key questions. The concerns that led to these ratings apply to everyone using the practice, including this population group.

- Quality and Outcomes Framework (QOF) data for 2015/16 showed that the registered provider performed poorly when compared to the local and national averages. However unverified data provided by the supporting GPs for 2016/17 showed significant improvements.
- The GPs and the practice manager supporting the registered provider were actively assessing the service provided, and prioritising and responding to the risks and gaps identified following this assessment. The assessment had identified that records of basic health checks were missing in patient records and or there were coding issues. (Coding is a way to record clinical activity that is logged effectively within a computer database). Reviews of patients were being undertaken rapidly to identify and minimise any potential risks to patients.

Requires improvement



Summary of findings

- The GP lead for medicines lead had identified significant gaps in patient medication reviews. The audit of repeat prescribing had identified some areas of serious concerns with patients being prescribed medicines with no record of a corresponding healthcare need.

Families, children and young people

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

The practice was rated requires improvement for two of the key questions. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- The GPs supporting the registered provider had identified that systems to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse were not place. The GP lead for safeguarding children identified that there was no safeguarding register for children. In response to this, urgent requests were sent out to health visitors, school nurses and the local safeguarding hub in Stockport. As a result, a register was now established listing those children considered at risk.
- The GP lead for safeguarding children had a plan in place to hold regular safeguarding meetings commencing in January 2017.
- Immunisation rates were lower than the Clinical Commissioning Group (CCG) and England rates 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.
- Quality and Outcome Framework (QOF) 2015/16 data showed that just fewer than 16% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the Clinical Commissioning Group and England average of 75%. The supporting GPs provided data in January 2017 for the year 2016/17 that showed that 68% of patients with asthma had a review in the preceding 12 months.
- Data for 2015/16 showed the practice's uptake for the cervical screening programme was 77%, which was below the CCG and the national average of 81%. This also showed a slight deterioration on the previous year's results. The GPs now providing the service anticipated that this would improve, and there was improved access to a female sample taker.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated requires improvement for two of the key questions. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- The GPs supporting the registered provider were aware of the needs of the working age population. The practice was now able to offer different types of appointments at different locations to suit the needs of individual patients. Examples included open access phlebotomy appointments available at one the group's surgeries and other surgeries offered extended opening times from 7.30am each weekday morning and until 8pm Monday to Thursday.
- Plans were in place to provide online services for patients including booking and cancelling appointments.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated requires improvement for two of the key questions. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- The GPs supporting the registered provider had identified that systems to identify patients who may be considered vulnerable were not place. The GP lead for safeguarding adults had plans in place to build the register by reviewing the patient registered with a learning disabilities, dementia and or a mental health illness.
- Longer appointments for patients who were vulnerable and those with a learning disability were available.
- The GPs supporting the registered provider provided evidence that their staff team were trained and 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated requires improvement for two of the key questions. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- Data from 2015/16 showed that 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the Clinical Commissioning Group (CCG) of 85% and the England average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 92% and the England average of 89%.
- The GPs supporting the registered provider worked regularly with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and implemented a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



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 297 survey forms were distributed, and 106 were returned. This was a return rate of 36% and represented approximately 6% of the practice's patient list.

- 99% 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%.
- 91% 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%.

- 97% 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%.
- 82% 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 15 comment cards, all of which were extremely positive about the standard of care received. Comment cards repeatedly described the receptionist as being very kind helpful and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the continued review of the whole service provided and continue to implement remedial action in response to identified gaps in the quality of care that has been provided to patients.
- Ensure the continued implementation of systems for reviewing and supporting patients with long term conditions and needs that are more complex.

Action the service **SHOULD** take to improve

- Continue with the planned integration of the patient record system.
- Continue with patient medication reviews to ensure that medicines are prescribed appropriately in line with guidance and the required monitoring checks such as blood tests are undertaken.
- Implement the planned programme of building refurbishment and up grading.
- Continue to promote and develop the patient participation group for the practice.

Dr Yogendra Dutt Sharma

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 Dr Yogendra Dutt Sharma

Dr Yogendra Dutt Sharma, The Surgery Fulmar Drive, Offerton, Stockport, SK2 5JL is part of the NHS Stockport Clinical Commissioning Group (CCG). Services have been provided until 30 November 2016 by Dr Yogendra Dutt Sharma under a general medical services (GMS) contract with NHS England.

However, as of the 1 December 2016 the NHS England contract was with two GPs already registered with the CQC at Heaton Moor Medical Group. They had commenced the process to apply to register the practice with the CQC.

The practice had approximately 1600 patients on their register.

Dr Sharma, the CQC registered provider was not currently providing clinical care and had not done so for over two years. The GP cover had been provided previously by locum GPs before the new contract holder was in place. Dr Yogendra Dutt Sharma no longer employed any staff who worked at the practice.

The GPs supporting Dr Sharma employ staff who worked flexibly across the four GP surgeries within the Heaton Moor Medical Group.

Information published by Public Health England rates the level of deprivation within the practice population group as

eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy at 80 years is better than the local and national average and female life expectancy at 83 years reflects the local and national averages.

The practice's patient population has a lower rate of long standing health conditions (51% compared to 53% locally and 54% nationally) and there is a lower rate of unemployment at 1% compared to 5% locally and nationally.

The practice opens Monday to Friday from 8am until 6.30pm except for Wednesdays when the practice closes at 1pm. The practice also closes 1pm to 2pm each day. During these periods of closure patients ringing the practice are diverted to one of the other practices within the contract holders' group of GP surgeries. Patients also have the opportunity to attend appointments at the other three locations where extended opening is provided weekdays from 7.30am and until 8pm Monday to Thursday.

The practice building is a 28 year old purpose built single storey building. It provides level access. Disabled facilities are available. There is car parking space close to the surgery. The new NHS contract holder (Heaton Moor Medical Group) have plans in place to upgrade and refurbish the practice and this includes providing a ramp outside from the car park to the main entrance into the building.

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

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

Detailed findings

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 7 December 2016.

During our visits we:

- Spoke with a range of staff including the CQC registered provider (Dr Sharma), two GPs partners from Heaton Moor Medical Group, who now hold the NHS England contract for the service, the practice manager, the project manager and a senior reception manager. We spoke with the nurse practitioner by telephone the day after the inspection.
- 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

At the previous inspection in February 2016 we found a number of concerns, including inadequate arrangements for reporting safeguarding, responding to significant events issues with safeguarding, the safe management of medicines and the systems to respond to medical emergencies and the management of risk. Recruitment processes were not good enough.

The following information reflects the action taken by the GPs supporting the registered provider to improve the quality of services under this key question.

Safe track record and learning

The GPs supporting the registered provider provided clear evidence of a safe track record that demonstrated issues and concerns identified at their other GP surgeries were investigated and responded to. These systems were now replicated at this GP practice. Staff spoken with who were now working at this GP surgery confirmed they were aware of the significant incident policy and confirmed they were kept up to date with changes as a result of incident investigation.

We were informed that there had been one incident, which occurred the evening before the inspection and this was being reported under the significant event policy, which was now in place at this practice.

Training and development plans were being implemented for the two staff members who had moved over to their employment to ensure they were sufficiently trained in all Heaton Moor Medical Group's policies and procedures. Staff we spoke with confirmed they received information such as national patient safety alerts and updated guidance through the practice's communication network. Copies of clinical meeting minutes held centrally showed that all the GP surgeries were discussed within the group at these meetings.

The staff we spoke with confirmed there was now an open and 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

At the previous inspection of this practice, we identified that systems to safeguard children and adults were not good enough to protect patients. We saw that little or no action had been taken to improve safeguarding of children and adults until the GPs supporting the registered provider joined the practice. These GPs had quickly implemented systems supported with up to date policies, procedures and processes to keep patients safe and safeguarded from abuse. These included:

- Systems to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse were not in place. The GP lead for safeguarding children identified that there was not a safeguarding register for children available. In response to this, urgent requests were sent out to health visitors, school nurses and the local safeguarding hub in Stockport. As a result, a register was now established listing those children considered at risk. The GP lead for adult safeguarding was also in the process of identifying vulnerable patients to build an adult safeguarding register to ensure the right monitoring and support was provided to patients.
- Both GP leads for safeguarding children and adults had established plans to hold regular safeguarding meetings commencing in January 2017.
- Comprehensive policies were now in place and these were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All GPs were trained in children's safeguarding to level 3 and had received training in adult safeguarding. The clinical nursing team were also trained to level 2 or 3.
- Notices displayed at the practice advised patients that chaperones were available if required. All staff working at the practice 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 GPs supporting the registered provider had taken immediate action within the first week of them becoming the sole contract holders to clean and tidy the practice. They had cleared one of the back rooms to dispose of the clutter. This now provided a clear and clean open space for staff to meet or have a break. In

Are services safe?

In addition fire safety had been improved as a further building exit had been designated as a fire exit. Cleaning arrangements had been improved a cleaning company had been engaged to ensure the practice was cleaned daily. Cleaning schedules were available. Cleaning products were stored securely and risk assessments for the control of substances hazardous to health (COSHH) were available.

- There was an infection control lead nurse for the practice and staff were trained in infection control. Infection control policies and procedures were available and evidence supplied showed that comprehensive monitoring and checks were undertaken at the other GP Heaton Moor Medical Group surgeries. Refurbishment plans were in place and this included ensuring all clinic areas met infection control and hygiene standards.
- The domestic fridge identified at the last inspection as being potentially unsafe to store immunisations and vaccinations had been removed and a pharmaceutical fridge was now in place. The safety of medicines held at the practice had been improved. Medicine management policies including a repeat prescribing protocol had been implemented. The GP medicines lead for the practice had identified significant gaps in patient medication reviews. An audit of repeat prescribing had identified some areas of serious concerns with patients being prescribed medicines with no record of a corresponding healthcare need. Evidence of inappropriate prescribing was identified including 60 patients who were prescribed thyroxine but did not have any record of thyroid-stimulating hormone (TSH) blood test being undertaken. (This blood test is used to check the dosage and effectiveness of the medicine). In addition, the audit identified 15 patients whose healthcare condition and medicine treatment had not been reviewed for over four years and 100 patients who had not had a review for over two years and 130 patients whose healthcare need and medicine reviews were overdue by 12 months. Action had been taken in response to all the concerns identified by the audits so that patients received safe care and treatment.
- All medicines held at the practice were now stored securely and were monitored regularly. Systems to ensure prescription paper was securely stored and monitored were in place. Systems to log prescriptions for controlled medicines were also implemented.
- Comprehensive recruitment and human resources policies and procedures were now available and

implemented. The practice manager confirmed that only two staff members, the practice receptionist and a health care assistant had changed employment from the registered provider's employment to them. They confirmed DBS check were in place and they were reviewing the staff files to ensure appropriate recruitment checks were in place for these staff.

- Procedures were now in place to record and check professional registration with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC).

Monitoring risks to patients

At the previous inspection in February 2016 there were no procedures in place for monitoring and managing risks to patient and staff safety. For example there was no health and safety procedures in place, a fire risk assessment was not available, nor was there evidence that checks on the gas and electrical safety been undertaken. Clinical equipment had not been checked to ensure accuracy and the security of staffing areas needed improving.

We found at this inspection risks to patients were now assessed and well managed.

- Comprehensive health and safety policies and procedures were now implemented. A health and safety poster was displayed in the patient waiting room.
- A fire risk assessment was now in place. Fire safety procedures had been reviewed and an additional exit was designated as a fire safety exit. Checks on the fire safety equipment were available and records of regularly maintenance were available.
- Evidence was available to demonstrate that clinical equipment had been checked and calibrated and portable electrical appliances (PAT) testing had been undertaken.
- Maintenance certificates demonstrated that a gas safety check, an electrical installation check and a Legionella risk assessment had been undertaken. The shower unit (a potential source of Legionella) was decommissioned. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Entry into the practice reception office was now secured, mitigating risk to staff and patient information.
- Arrangements were in place for planning and monitoring the number of staff and the skill mix of staff

Are services safe?

needed to meet patients' needs. Staff worked flexibly across the group's different surgeries and this flexibility provided a resilience to respond quickly to unexpected changes in staffing and patient demand.

Arrangement to deal with emergencies and major incidents

- The GPs supporting the registered provider had responded rapidly upon receiving the NHS contract for the service to ensure that the practice could 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. Records were available to demonstrate this and one staff member confirmed to us the training they received.
- An emergency medicine kit, oxygen and a defibrillator for the practice were now available and a safe secure location to store this created. Staff spoken with knew where this equipment was and how to access it. All the medicines we checked were in date and stored securely.
- A comprehensive business continuity plan in place for major incidents such as power failure or building damage was available. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At the previous inspection in February 2016 the practice was rated as inadequate. We found a number of concerns, including the lack of clinical audit and clinical oversight of the locum GP staff and nursing team. Evidence that clinical team meetings were undertaken were not available nor were records of staff training and clinical competency.

The following information reflects the action taken by the GPs supporting the registered provider to improve the quality of services under this key question.

Effective needs assessment

At this inspection, we found that the GPs supporting the registered provider had put systems into place to ensure care and treatment to meet patient's assessed needs was delivered in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Systems had been implemented to ensure all clinical staff were kept up to date with national and local guidance. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Checks that guidelines were followed were monitored through risk assessments, audits and random sample checks of patient records. GPs and the practice manager were actively assessing the service provided, and were prioritising and responding to the risks and gaps identified in patient care.
- The GPs had identified significant gaps in the recording and coding of patient's health care needs including long term conditions, and was working to improve the monitoring of these patient groups. A remedial plan of action was being implemented and this prioritised areas of highest risk.

Management, monitoring and improving outcomes for people

During this inspection, we found that 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). QOF data is a record of achievement for the 12 month period between April and March.

The most recent published QOF results from 2015/16 were 77% of the total number of points available with a rate of 7.5% 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). The above data reflects the performance of the practice before the GPs supporting the registered provider took over the provision of services at the surgery.

Data available for the QOF diabetic indicators in 2015/16 showed the practice achieved much lower percentages than both local and national averages. However, the GPs supporting the registered provider were aware of the poor QOF data from 2015/16 and were actively reviewing patient registers with long term conditions to ensure they received an annual review of their health care needs as a minimum. The GPs believed the practice registers of patients with a long term or chronic health condition were not accurate and were working through the patients registers to identify these patients to provide the correct support. The GPs provided an update in January 2017, on the progress they had achieved in ensuring patient these patients were receiving the appropriate reviews, care and treatment.

The data below shows the practice QOF achievements for the diabetic indicators in 2015/16 and compares the current (unverified) QOF achievements made by the GPs to date (January 2017).

- Data from 2015/16 showed 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 65%, compared to the CCG average of 80% and the England average of 78%. Data provided in January 2017 showed improvement with 77% of patients with diabetes benefiting from this blood test.
- The record of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 48%, which was significantly below the CCG average of 80% and the England average

Are services effective?

(for example, treatment is effective)

of 77%. Data provided in January 2017 showed improvement with 69% of patients with a blood pressure were checked and had a reading of 140/80mmHG or less recorded within the preceding 12 months.

- The record of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 55%, which was again significantly below the CCG average of 85%, and the England average of 80%. Data provided in January 2017 showed improvement with 74% of patients with diabetes benefiting from having their cholesterol checked measured and this was below 5mmol/l.
- 55% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%. Data provided in January 2017 showed improvement with 59% of patients with diabetes received a diabetic foot check.

Other data from 2015/16 showed the practice had performed poorly when compared with the CCG and England average. Unverified data provided by the GPs supporting the registered provider showed that they had made good progress in improving this. For example:

- 60% of patients with hypertension whose blood pressure was measured in the preceding 12 months had results of less than 150/90 mmHg compared to the CCG average of 84% and the England average of 82%. Data provided in January 2017 showed that 95% of patients who required a blood pressure check had received one.
- 16% 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%. Data provided in January 2017 showed that 68% of patients with asthma had a review in the preceding 12 months.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than both the local and national average. Data provided in January 2017 reflected the same achievement of 100%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which higher than the CCG average of 92% and the England average of 89%. Data provided in January 2017 reflected the same achievement of 100%.

There was evidence of quality improvement including clinical audit although none were completed cycles. The GPs supporting the registered provider had undertaken some clinical audits as a result of an ongoing full audit of the service. The initial assessment of what was available at the practice identified a number of areas of significant concern about the safety and quality of the service. These included the management of patients with long-term conditions, reviews of repeat prescribing for patients, the lack of safeguarding registers for children and adults, and the lack of policy, procedure and protocol and the management of patient correspondence.

This inspection identified that the GPs supporting the registered provider were implementing action and achieving improvements in some of the areas they identified. Four first cycle audits had been undertaken and these provided evidence of quality improvement.

These included:

- The audit of overdue medication reviews at the practice identified 60 patients who did not have a healthcare and medication review date identified, 60 patients who were prescribed repeat medicines but had not requested a prescription for these for over six months and a large number of patients who were late receiving their healthcare and associated medicine review. The timescales ranged from 4 months to over four years. The completion of this audit resulted in all patients requiring a healthcare and medicine review received it.
- The overdue medicine audit identified a number of other areas of concern prompting additional audits. This included an audit of prescribing of Rosuvastatin, a medicine prescribed to lower cholesterol. National guidelines do not recommend that this medicine be prescribed as a first line of treatment. The audit identified that 30 out of the 38 patients prescribed this medicine did not meet the criteria for this prescription. Patients were contacted and their medicines changed to a more suitable medicine.
- An audit had also been undertaken of two week referral rates both prior to the input from the GPs supporting the registered provider and after the GP's took responsibility for patient care. This identified that in the four months prior to arrival of the GPs from Heaton Moor Medical Group there was one 2 week referral to

Are services effective?

(for example, treatment is effective)

secondary care. In the six week period after the GP's arrival there were three referrals. The GPs were taking the appropriate action to ensure patient health care needs were met.

Effective staffing

Evidence provided by the GPs supporting the registered provider assured us that staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with confirmed they had access to training and were supported with personal development.

- The practice now 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.
- Available evidence demonstrated that staff received role-specific training and updating. This included training in reviewing patients with long-term conditions, taking samples for the cervical screening programme and administering vaccinations.
- 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.

Coordinating patient care and information sharing

At the inspection in February 2016, the registered provider acknowledged that reviews of patients with care plans in place were overdue.

During this inspection the GPs supporting the registered provider confirmed they were undertaking reviews of patients with long term conditions and patients with care plans in place to ensure these were up to date and relevant. The actions being implemented included:

- Reviewing patient registers at the practices to ensure records were accurate and up to date and coded correctly. For example, they found one person on the palliative care register with no record of malignancy or reason for their inclusion.
- The GPs were also trying to establish regular clinics to review patients' health care needs and long term conditions.

The GPs supporting the registered provider were from an established GP group practice in Stockport with one main registered location and two branches surgeries in addition to this practice. They provided evidence of the multidisciplinary work they undertook both in the neighbourhood, palliative and safeguarding meetings and they were proactive in working with Stockport Together to improve health and social care services across the borough.

In addition, the GPs supporting the registered provider had arranged for the integration for this GP practice patient list and electronic records to be integrated with the full patient record held by Heaton Moor Medical Group. Action had also been taken to include all GP partners from the group onto the NHS England contract. However, in the short term the GP partners had ensured that staff at their other GP surgeries could access patient records registered at this surgery. This ensured 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.

Consent to care and treatment

We saw evidence that relevant staff were trained and had a good understanding of obtaining 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.
- 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 information and data from 2015/16, recorded below, reflects the performance of the practice before the GPs supporting the registered provider took over the provision of services at the surgery.

- The practice's uptake for the cervical screening programme was 77%, which was below the CCG and the

Are services effective?

(for example, treatment is effective)

national average of 81%. This also showed a slight deterioration on the previous year's results. The practice anticipated that this would improve, as there now was improved access to a female sample taker.

- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake of these tests was slightly below the CCG and England average.
- Childhood immunisation rates for the vaccinations given in 2014/15 were lower than the CCG averages for

the under two year olds. These ranged from 54% to 62% compared to the CCG range of 69% to 91%. Rates for five year olds ranged from 73% to 82% compared to the CCG range of 85% to 92%.

- 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.
- We saw that the GPs were implementing their remedial action plan to improve clinical governance and performance across all areas.

Are services caring?

Our findings

The following information reflects the action taken by the GPs supporting the registered provider to improve the quality of services under this key question.

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, so that conversations taking place in these rooms could not be overheard. The reception team however provided an additional safeguard by having the radio on low as background noise.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 15 comment cards, all of which were extremely positive about the standard of customer care they received from the practice receptionist.

The registered provider of the service told us that the practice had a patient participation group (PPG) however; they confirmed there was no record of the participants, or minutes from meetings. The GPs supporting the registered provider confirmed that they had a PPG and the next meeting was arranged for January 2017. PPG members included patients from all the surgeries within the practice and plans were in place to extend the invitation to patients at this GP practice. Notices were also up requesting patients join the patient participation group.

The GPs supporting the registered provider confirmed they had commenced the consultation process with patients in requesting their views, opinions and feedback about the intended merger of this practice with the wider Heaton Moor Medical Group.

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

provided to patients similar to 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:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 96% 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%.
- 89% 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%.
- 90% 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%.
- 93% 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

The GPs supporting the registered provider confirmed they were reviewing the patients registered at the practice to ensure they had an up to date picture of the needs of the patient population, including the numbers of patients who were also carers.

Information available indicated patients felt involved in decision making about the care and treatment they received. Results from the national GP patient survey showed patients' responses were similar to the averages for the CCG and England. For example:

- 84% 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%.
- 82% 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%.
- 85% 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%.

Are services caring?

Facilities to help patients be involved in decisions about their care were in place.

- Staff told us that translation services were available for patients who did not have English as a first language.
- The GPs supporting the provider had installed a hearing loop system for those people with hearing impairment and a sign language service was 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 that told patients how to access a number of support groups and organisations.

The GPs supporting the registered provider confirmed that checks on the carer's register had identified 17 patients who were also carers. This equates to approximately 1% of the patient population. The practice manager confirmed that action would be taken to improve this in line with their action plan.

The GPs supporting the registered provider had systems in place to ensure staff was aware and records updated following the death of a patient. Systems of support were also in place to support those who were bereaved. The level of support offered to the bereaved was personalised to the individual patient and their circumstances and their wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At the previous inspection in February 2016 the practice was rated as requires improvement. There was no documented evidence that the practice had effectively assessed the needs of its patient population to ensure services provided were responsive to the local population.

The following information reflects the action taken by the GPs supporting the registered provider to improve the quality of services under this key question.

Responding to and meeting people's needs

At this inspection, the GPs supporting the registered provider provided evidence that it was reviewing 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 GP surgery did not offer extended hour's appointments at this surgery, however patients now had access to appointments at Heaton Moor medical Group's other locations where appointments were available from 7.30am weekday mornings and until 8pm Monday to Thursday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- The surgery had the facilities and was equipped to treat patients and meet their needs. The GPs supporting the registered provider had purchased a range of new equipment for the surgery (including equipment to respond to a medical emergency, examination couches and a hearing loop).
- The consultation and treatment room were situated on the ground floor of the premises and so were accessible to those patients experiencing difficulties with mobility.

Refurbishment plans included upgrading and improving the building and facilities. These included installing a ramp from the car park to the practice front door to support people with disabilities.

- The GPs supporting the registered provider offered a range of patient services that were now accessible to the patients registered at the GP surgery. These included access to a specialist diabetic nurse, 24 hour blood pressure monitoring, spirometry, asthma reviews and minor surgery. In addition, an extended hour's phlebotomy service (blood taking) was available for patients who worked.

Access to the service

The practice surgery opened Monday to Friday from 8am until 6.30pm except for Wednesdays when the practice closed at 1pm. The practice also closed 1pm to 2pm each day. During these periods of closure, patient calls were diverted to one of the other surgeries within the GP partners group of surgeries. Patients now had the opportunity to attend appointments at the other three locations if more convenient.

The GPs supporting the registered provider monitored and reviewed its appointment availability against patient demand. A mixture of urgent and routine appointments were available daily and telephone appointments were available.

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.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 99% 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%.
- 98% said the last appointment they got was convenient compared to the CCG average of 93% and England average 92%

Feedback from comment cards indicated that patients could always see a GP if they needed to.

Listening and learning from concerns and complaints

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

The effectiveness of the complaints procedure could not be properly assessed at this inspection because no complaints had been received.

The GPs supporting the registered provider confirmed that they had not received any complaints since taking over in October 2016. However, the practice manager had ensured information leaflets about how to make a complaint were available and accessible to patients at the practice.

Records of complaints received by Heaton Moor Medical Group showed that they responded to these appropriately in accordance with their procedure. Staff confirmed to us that complaints were responded too and the outcome of investigations discussed at meetings. Meeting minutes provided evidence of this.

Are services well-led?

Requires improvement 

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

Our findings

At the previous inspection in February 2016 the practice was rated as inadequate. We found a number of concerns including the lack of governance arrangements, policies were not available for many areas of practices, and systems to monitor and check service delivery were not in place. There were no clinical audit or clinical oversight and staff were not trained or formally supported.

The following information reflects the action taken by the GPs supporting the registered provider to improve the quality of services under this key question.

Vision and strategy

At this inspection, we found the GPs supporting the registered provider had introduced a statement of purpose that articulated the aims and objectives of the practice and these included being committed to patient's needs. Their aims and objectives underpinned the GP's vision of maintaining a happy practice which was responsive to people's needs and expectations and which reflected where possible the latest advances in Primary Health Care.

- The GPs supporting the registered provider were implementing a remedial action plan to ensure that patients were receiving safe and appropriate care. The practice manager had a building and facilities improvement plan prepared which would be implemented once the sale of the building had completed.

Governance arrangements

The GPs supporting the registered provider had an overarching governance framework that supported the delivery of the strategy and good quality care. They had imported and implemented this governance framework at the GP surgery. The governance framework outlined the structures and procedures in place and ensured that:

- Comprehensive policies and procedures were available at the practice and plans were in place to integrate the IT systems so that staff working at this surgery would also have access to a shared drive where policy, procedures and meeting minutes were stored.
- The GPs and practice manager were undertaking extensive reviews of patients' records to ensure that

these were accurate. A comprehensive understanding of the needs of the registered patient and of the performance of the practice in meeting those needs was being developed.

- The GPs demonstrated a strong commitment to patient centred care and effective evidence based treatment.
- The GPs had distinct leadership roles and responsibilities. There was a clear staffing structure and staff we spoke with were aware of their own roles and responsibilities.
- The GPs had a track record of established clinical governance procedures and held clinical, GP Partner and staff meetings regularly.
- Evidence available showed that the GPs had made significant improvements, within a short period of time, to the safety and quality of services provided to patients. Initial assessment of the service by the GPs supporting the registered provider had resulted in the implementation of a remedial action plan. Evidence was available through the clinical audits undertaken and the building of safeguarding registers to demonstrate that actions were being taken.
- The GPs had introduced policies and procedures to ensure arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place.
- The GPs worked with the Clinical Commissioning Group (CCG) and the wider health and social care economy to develop and improves services for people living in Stockport.

However, the GPs supporting the registered provider were aware that there were still areas requiring improvement. The GP's priority since taking over at the surgery was ensuring patient safety and reviewing the quality of care and treatment delivered by the practice. Their assessment of this identified significant risks to patients. These risks had been prioritised and action had and was being taken to minimise or remove these.

Leadership and culture

During the inspection of February 2016, we found that there was a lack of clear leadership. The CQC registered provider had not been providing GP clinical care at the practice for almost two years; GP care was being provided by locum GPs and the practice manager was absent long term. This resulted in inadequate leadership and management.

Are services well-led?

Requires improvement 

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

During this inspection, we noted that the GPs supporting the registered provider offered a strong partnership and they demonstrated they had the experience, capacity and capability to run this practice and ensure high quality care. The GPs 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.

We saw that systems were now 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). A policy was available and staff confirmed that the partners encouraged a culture of openness and honesty. The GPs 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.
- 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 registered provider of the service told us that the practice had a patient participation group (PPG) however, they confirmed there was no record of the participants, or

minutes from meetings. The GPs supporting the registered provider confirmed that they had a PPG and the next meeting was arranged for January 2017. PPG members included patients from all the surgeries within the Heaton Moor Medical Group and plans were in place to extend the invitation to patients registered at this GP practice. Notices were also up requesting patients join the patient participation group.

Notices were displayed at the practice requesting patient views, opinions and feedback on the merger of this practice with the rest of Heaton Moor Medical Group.

The GPs 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.

Continuous improvement

The GPs supporting the registered provider were aware of the challenges they faced in taking on this practice. They were focused on improving the quality and safety of patient care and were undertaking assessment of patients' records to ensure care and treatment delivered was appropriate and timely. Some improvements had been implemented and further improvements were prioritised and planned.

In addition the GPs:

- Recognised future challenges and opportunities and had plans in place to develop the services they provided.
- Were proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.

Monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Ensure the continued review of the whole service provided and continue to implement remedial action in response to identified gaps in the quality of care that has been provided to patients.</p> <p>Ensure the continued implementation of systems for reviewing and supporting patients with long term conditions and needs that are more complex.</p> <p>Regulation 17</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	