

The Borchardt Medical Centre

Quality Report

62 Whitchurch Road
Withington
Manchester
M20 1EB

Tel: 0161 438 2821

Website: www.borchardtmc.nhs.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Borchardt Medical Centre, 62 Whitchurch Road, Withington, Manchester, M20 1EB on 16 December 2015. During the inspection we identified breaches of regulation 12 (Safe Care and Treatment), regulation 17 (Good governance) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches resulted in the practice being rated as requires improvement for being safe and well-led and good for being effective, caring and responsive. Consequently the practice was rated as requires improvement overall.

The specific concerns identified were:

- The risk assessments associated with the environment were not available to view on the day of inspection. Systems to maintain emergency equipment had not been followed and emergency equipment was found to be out of date.
- Systems and processes were not in place to assess, monitor and mitigate the risks relating to the health,

safety and welfare of patients. Staff training was not managed in such a way as to ensure appropriate training and professional development was carried out to enable them to carry out the duties they were employed to perform. Some policies and procedures were found to be out of date and did not reflect current practice.

- The provider had not followed recruitment procedures to establish all information specified in Schedule 3 was available in respect of all staff employed to ensure staff are safely and effectively recruited and employed.

An announced comprehensive inspection was carried out at on 27 March 2017. This report reflects the action that the practice has taken to address the concerns identified during our initial inspection.

Overall the practice is now rated as good.

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

Summary of findings

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- The practice worked in collaboration with other health and social care professionals to support patients' needs and provided a multidisciplinary approach to their care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice provided appropriate support for end of life care and patients and their carers received good emotional support.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Urgent appointments were usually available on the day they were requested. However, patients did report difficulties booking appointments by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was a member of the South Manchester GP Federation (SMGPF) a group of 24 GP practices working in partnership to improve patient access to health care.
- The practice worked closely with the nursing home team. This team of nurses carried out health reviews and provided advice on the management of acute and long term conditions for nursing home residents with the aim of reducing unnecessary admission to hospital. This was achieved by enabling nursing home residents to access a range of community services.
- The diabetes specialist nurse supported newly diagnosed patients and offered insulin initiation as required, which made this easier to access for patients.
- The practice was involved with the co-production of services via Royal College of General Practitioners (RCGP) Future Hospital Scheme.

We saw an area of outstanding practice:

The GPs recognised that many patients attending the practice had non-medical conditions. In October 2015 the practice began a trial period of the social prescribing initiative in partnership with Southway Housing Trust to improve support for patient wellbeing. Social prescribing is a non-medical intervention used to support people to improve their health and wellbeing with referrals to community support services.

The practice was able to provide details of how this service had positively impacted on the health and wellbeing of the patients they had referred. As a result of the success of this venture social prescribing had been rolled out to other practices in the neighbourhood.

The areas where the provider should make improvements:

- Continue to make efforts to encourage the development of a patient participation group.
- Continue to identify and register those patients who were also carer's.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice provided appropriate support for end of life care and patients and their carers received good emotional support.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had monthly multidisciplinary meetings with social workers, mental health workers and district nurses to discuss at risk patients and used a rapid response service to keep people at home avoiding a hospital admission where possible.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 76% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) which was comparable to the CCG and national average of 78% and 78% respectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked in partnership with the North West Lung unit in the care and treatment of patients diagnosed with chronic obstructive pulmonary disease (COPD). This included multi-disciplinary virtual clinics where patient care was discussed and treatment plans agreed. The clinics were led by a specialist thoracic consultant.
- The practice provided a level 9 drug service and held a weekly drug clinic with referrals accepted from other GP practices and the local authority.

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.
- 94% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) which was better than the CCG and national average of 82% and 81% respectively.
- 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.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- GP extended access appointments were available to patients who were unable to access appointments during normal surgery hours, due to work or other commitments or when the practices appointments are fully booked. Extended access appointments were available at three sites across south Manchester.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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)

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

- 93% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG and national average of 86% and 83% respectively.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) which was comparable with the CCG and national average of 87% and 89% respectively.
- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. The practice distributed 371 survey forms and 95 were returned. This represented a response rate of 25.6%.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 63% and 73% respectively.
- 54% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG and national average of 71% and 76% respectively.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 84% and 85% respectively.

- 75% 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 77% and 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 only one comment card which was positive about the standard of care received.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some commented on the difficulty getting through to the practice on the telephone.

Areas for improvement

The Borchardt Medical Centre

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 second CQC inspector.

Background to The Borchardt Medical Centre

The Borchardt Medical Centre is housed in a modern, purpose built building in South Manchester and provides services for a patient list size of 10,685. The practice population includes a lower proportion of patients over the age of 65 (8.2%) compared to the national average (17.2%), as well as a lower proportion of patients over the ages of 75 and 85 years (3.6% and 1.3%, compared to the national averages of 7.8% and 2.3% respectively). The practice has a lower percentage of patients with a long-standing health condition (44.2%) compared to the national average of 53.2%. The percentage of the patient population who are in paid work or full time education is higher (78%) than the national average of 62.5%.

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

The practice is staffed by six GP partners (three male and three female, one of whom is currently on maternity leave) as well as two salaried GPs (one female and one male). The

practice also employs a nurse practitioner, practice nurse and health care assistant. Non clinical staff employed consist of a practice manager and assistant practice manager, four administration staff, two secretaries and six reception staff. It is a training practice and takes on trainee GPs as well as students in their final year of studies, nursing students and trainee paramedics.

The practice is open between 8:30am and 6:00pm Monday to Friday, with GP and nurse consultations offered between these hours. On some days the GPs will also carry out telephone consultations between 7:15am until the surgery opens and from the surgery closing time until 7:30pm. Due to funding given to the South Manchester GP Federation by the Prime Minister's Access Fund, the practice's patients are able to access primary medical services seven days a week between the hours of 8am and 8pm at three other sites in South Manchester. The nearest of these sites to the Borchardt Medical Centre is approximately one and a half miles away. Patients can book appointments at these sites by contacting the practice reception.

When the practice is closed, patients are advised to access out of hours care offered locally by the provider Go To Doc.

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 13 March 2017.

During our visit we:

- Spoke with a range of staff including five GPs, practice nurse, practice manager and assistant practice manager as well as reception and administration staff 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 at that time.

Are services safe?

Our findings

At our previous inspection on 16 December 2015, we rated the practice as requires improvement for providing safe services. The specific concerns identified were:

- The risk assessments associated with the environment were not available to view on the day of inspection. Systems to maintain emergency equipment had not been followed and emergency equipment was found to be out of date.
- The provider had not followed recruitment procedures to establish all information specified in Schedule 3 was available in respect of all staff employed to ensure staff are safely and effectively recruited and employed.

An announced comprehensive inspection was carried out at on 27 March 2017. This report reflects the action that the practice had taken to address the concerns identified during our initial inspection.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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. For example, following a significant incident where a member of staff sustained a needlestick injury the policy document had been updated.

Overview of safety systems and processes

At the inspection in December 2015 we found appropriate recruitment checks had not consistently been undertaken prior to employment and the environmental risk assessment could not be located.

- At this inspection we reviewed six 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.

The practice had clearly defined and embedded 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 had been reviewed in 2016 and 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. Flow charts outlining the safeguarding procedures were displayed in consulting and treatment rooms. 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, nurses and managers were trained to child protection or child safeguarding level 3. All other staff were trained to level 1.
- 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. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the nominated 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 staff had received or were booked

Are services safe?

on 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 most recent audit was carried out in February 2017 and identified the need for wall mounted apron and sanitising hand gel dispensers. The practice nurse advised that these had been ordered and delivery pending.

- 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.
- Temperatures were recorded on a daily basis for the refrigerators used for medicines requiring cold storage.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The assistant practitioner was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Monitoring risks to patients

At the inspection in December 2015 we found appropriate recruitment checks had not consistently been undertaken prior to employment and the environmental risk assessment could not be located.

- The environmental risk assessment was sent to us immediately after the inspection in December 2015. We saw at this inspection that this document was available in the practice and accessible to all staff.

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us they used a buddy system whereby they covered for each other's leave.

Arrangements to deal with emergencies and major incidents

At the inspection in December 2015 we found the oxygen for use in the event of a medical emergency was out of date. The practice provided an action plan after that inspection informing us that the oxygen cylinder had been replaced. We checked the emergency equipment at this inspection and found the expiry date of the oxygen was 2020. Additional checks had been implemented and we saw weekly checks of the emergency equipment was carried out.

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

- There was an instant messaging system on all of the computers which alerted staff to any emergency. In addition there were panic buttons in the consulting and treatment rooms to summon help if needed.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

Are services safe?

or building damage. The plan included emergency contact numbers for staff. One of the GPs told us the plan had been put into action recently following a boiler breakdown.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.5% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was similar to the national average. 78% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) which was comparable to the CCG and national average of 76% and 77% respectively.
- 83% of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) which was comparable to the CCG average of 81% and national average of 80%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months (2015/2016) was 150/90mmHg or less was 86% compared to the CCG and national average of 81% and 83% respectively.
- Performance for mental health related indicators was similar to the national average. 98% of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) which was comparable with the CCG and national average of 86% and 89% respectively.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The one cycle audits included action plans for improvement.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improvements to the safeguarding read code protocol.
- Information about patients' outcomes was used to make improvements such as: patients requested their own prescriptions rather than a pharmacist, this had increased the amount of medicine reviews and reduced the practice's prescribing costs.

Effective staffing

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, mentoring, clinical supervision and facilitation and support for revalidating GPs. The staff files we examined showed that all staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- 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. The practice led a drug clinic on a weekly basis in partnership with the local authority drug team.

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.
- All GPs had undertaken Deprivation of Liberty (DoLS) training. DoLS is a set of checks that makes sure that any care that restricts a person's liberty is both appropriate and in their best interests.

- 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. One of the GPs gave an example of an unwell patient living with a learning disability did not want to be sedated whilst in hospital. Following a best interest meeting was held and the decision made that it was not in the patient's best interest to be sedated.
- 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. Advice and support around drug misuse was offered on site and shared between one of the GPs who had undergone specialist training and a specialist drug worker.

- Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 68% and the national average of 73% (2015/2016). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. They ensured a female sample taker was available. 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 83% to 85% and five year olds from 86% to 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective? (for example, treatment is effective)

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Disposable curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. These had been dated when fitted on 16 December 2016.
- 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.

The patient Care Quality Commission comment card we received was positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, patients told us it was difficult to get through to the practice on the telephone to arrange an appointment.

The practice did not have an active patient participation group (PPG). The practice manager told us they were working towards re-establishing the PPG.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 371 survey forms were distributed to patients and 95 completed forms were returned which represented a 25.6% response rate.

The practice was similar to the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 87% and 85% respectively.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 90% and 91% respectively.
- 87% 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 card 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 or better than local and national averages. For example:

- 90% 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%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 83% and 82% respectively.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85% and 85% respectively.

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

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers which represented 0.8% of the practice list. There was a dedicated appointment system for carers in South Manchester and they had access to the Social Prescribing

initiative. Written information was available to direct carers to the various avenues of support available to them. In addition there was a Sunday morning carer's service via the federation.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The practice recorded patients end of life wishes including if they wished to be admitted to hospital or cared for at home. The practice had carried out an audit of patients receiving end of life care and of 16 patients nine had died in their preferred place.

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's patients could access appointments outside normal surgery hours between the hours of 8am and 8pm, seven days a week at three other GP sites in South Manchester due to funding from the Prime Minister's Access Fund.
- 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a passenger lift to improve access to the first floor consulting rooms.
- The practice's nurse practitioner ran outreach chronic disease management clinics in two local nursing homes and a review of the clinic carried out in March 2015 demonstrated a 100% increase in chronic disease reviews being carried out for patients resident in the homes compared to March 2014.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

The GPs recognised that many patients attending the practice had non-medical conditions. In October 2015 the practice began a trial period of the social prescribing initiative in partnership with Southway Housing Trust to improve support for patient wellbeing. Social prescribing is a non-medical intervention used to support people to improve their health and wellbeing with referrals to community support services. This initiative recognised that

peoples' health could be affected by their social and economic situations and a referral to the service provided support to help people to overcome issues such as social isolation.

The practice was able to provide details of how this service had positively impacted on the health and wellbeing of the patients they had referred. For example: 28 patients had been referred to the service 9 male and 19 female. An audit of social prescribing for the period 2014/15 to 2015/16 demonstrated a significant reduction in requests for home visits (from 44 to 25) and face to face consultations (from 417 to 351) amongst patients taking part in the initiative. This represented a reduction in total consultations of 18.35%. On average, there were 3.1 fewer attendances per person per year. As a result of the success of this venture social prescribing had been rolled out to other practices in the neighbourhood.

The practice provided a level 9 drug service and held a weekly drug clinic with referrals accepted from other GP practices and the local authority. GPs providing a level 9 service received referrals from other primary care providers and were responsible for carrying out an assessment for all new patients and to initiate substitute prescribing for opioid users in accordance with clinical guidelines. In addition they undertook drug screening and carried out reviews in partnership with the specialist drugs worker. The clinic was run by a lead GP along with a specialist drugs worker and was one of two practices in the Manchester area providing this level of service. The practice provided information to demonstrate that of the 32 patients attending the clinic nine had been referred from other local practices.

Access to the service

The practice was open between 8:30am and 6:00pm Monday to Friday, with GP and nurse consultations offered between these hours. The GPs told us they would also carry out telephone consultations between 7:15am until the surgery opens and from the surgery closing until 7:30pm.

Due to funding given to the South Manchester GP Federation by the Prime Minister's Access Fund, the practice's patients were able to access primary medical services seven days a week between the hours of 8am and 8pm at three other sites in South Manchester. The nearest of these sites to the Borchardt Medical Centre was approximately one and a half miles away.

Are services responsive to people's needs?

(for example, to feedback?)

There was seven day access to EMIS so that patients electronic treatments records were available to other GPs and nurses. District nurses also had log in access to EMIS so they could record any consultations or interventions directly into the patient records.

Appointments at these sites could be booked by patients by contacting the practice's reception. When the practice was closed, patients were advised to access out of hours care offered locally by the provider Go To Doc.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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 an effective 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 posters in the waiting areas and information displayed on the practice's website.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a letter cancelling an appointment was sent to a patient's old address. The letter was prepared in advance of the cancellation of the clinic rather than the day the cancellation was confirmed. The patient had moved before the letter was sent out. Following this incident all cancellation letters were processed on the day of confirmation and sent on the same day.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 16 December 2015, we rated the practice as requires improvement for providing well-led services. The specific concerns identified were:

- Systems and processes were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients. Staff training was not managed in such a way as to ensure appropriate training and professional development was carried out to enable them to carry out the duties they were employed to perform. Some policies and procedures were found to be out of date and did not reflect current practice.

An announced comprehensive inspection was carried out on 27 March 2017. This report reflects the action that the practice had taken to address the concerns identified during our initial inspection.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The GPs told us of the practice's 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.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At the inspection in December 2015 we found policies and procedures had not been reviewed or updated to reflect current practice. Risk assessments associated with the environment were not available to view on the day of inspection and staff training was not well managed.

At this inspection we found policies had been reviewed and where necessary updated to reflect current guidelines and legislation. We saw a comprehensive staff training matrix and staff told us they had good access to training. An environmental risk assessment was in place and any actions identified had been addressed.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written 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.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held for birthdays and other celebrations.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had developed protocols for the EMIS system (EMIS is the medical information system used at the practice) and had shared these within the CCG. For example the practice had developed a consent form for treatment, immunisations or investigations that can be printed off signed and scanned back in to EMIS.
- The practice had a common room which was used by the GPs after surgery. This enabled GPs to write up notes make referrals and generally discuss any concerns they have about patients. This protected time was also used as a learning event for medical students.

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 surveys and complaints received. The practice did not have a patient participation group (PPG).
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; as a result of the successful nursing home outreach work undertaken by the nurse practitioner this model of care delivery had been rolled out across the CCG area.