

Five Oaks Family Practice

Quality Report

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

Ratings

Overall rating for this service

Outstanding



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



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 Five Oaks Family Practice on 5 April 2016. Overall the practice is rated as outstanding.

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

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, initiating and leading the scheme which provides a seven day service in Manchester to patients.
- All staff fully understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and transparent. With strong and visible clinical and managerial leadership and governance arrangements.
- The practice had a clear vision which had quality and safety as its top priority with good facilities and was well equipped to treat patients and meet their needs such as, ensuring the practice was meeting Disability Discrimination Act (DDA) standards.

- The practice engaged effectively with local community groups and charities to improve community services and patient access, working with local groups around long term conditions and community wider issues. Feedback from patients about their care was consistently positive with many examples of the practice's caring nature.

We saw one of outstanding practice, showing innovation and leading on the new initiatives for the local community and patients:

- The practice had identified that a large number of their patients suffered with long term conditions. In view of this they formed a partnership with the Expert Patients Group based at Manchester University. The Expert Patients Programme supports people with long-term conditions to regain as much control over their physical and emotional well-being as possible. The Practice facilitated this programme to run on their premises for ease of access for their patients. An example of the success of this programme was that the practice identified a cost saving in just one patient

Summary of findings

between 2012-2015 of £850,000 whilst reducing the attendance to the Accident and Emergency department and GP emergency appointments from 27 down to five (over 14 weeks).

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



- The practice used opportunity to learn from internal and external incidents, to support improvement and development of staff and clinicians. Learning was based on a thorough analysis and investigation with clear well documented examples of learning and development taken place with external agencies where required.
- There was an open culture in which all safety concerns raised by staff and people who used the service were highly valued and integrated into learning and improvement
- Information about safety was highly valued and was used to promote learning and improvement.
- There were comprehensive systems in place keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving safety and safeguarding systems.
- Risks to patients were assessed recognised as the responsibility of all staff and well managed. There were designated leads in areas such as safeguarding, who were empowered to suggest and make changes to keep staff working to best practice.
- The practice identified a shortage in nurse hours and employed a third full time nurse to the team, allowing the practice nurses to attend more frequently to house-bound patients, whilst supporting the wider clinical staff in managing long term conditions.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.

Summary of findings

- The practice had a staff team who were highly skilled and who had diverse clinical interests, one example being medical law. The inspection team witnessed each one of these various specialisms' main impact was to enhance the practice's own patient services.
- All medical staff had "Buddies" where a clinician is supported by a named non-clinician in managing the administrative aspects of clinical practice
- There had been many clinical audits completed in the last two years. We reviewed 14 comprehensive audits some which included case studies and outcomes there were multiple examples of changes within a care home as a direct result of audit work, such as dedicating one clinician to ensure continuity of care for the most vulnerable patients.
- The practice worked closely with North Manchester Integrated Neighbourhood Care Team (NMINC) to support patients who had health or social care needs.
- The practice was awarded the gold "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay, bisexual and transgender patients within the local community.

Are services caring?

The practice is rated as good for providing caring services.

- 90% of patients said the GP they saw or spoke to was good at treating with care and concern compared to the CCG average of 84% and the national average of 85%.
- Feedback from patients and community health and social care teams was consistently positive about the way staff treated people. Patients told us staff went the extra mile and the care they received exceeded their expectations.
- The practice was involved in working and helping local Manchester charities, for example the local food bank and adult fostering service.
- We found a strong patient-centred culture. We saw staff treated patients with kindness and respect, and maintained patient information confidentiality.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



Summary of findings

- The practice held a weekly well women clinic provided by two clinicians. This clinic ran in the evening to accommodate those patients who were unable to attend in the day due to employment.
- The practice was proactive and supportive in working with people who identify as victims of domestic violence.
- The practice worked with “Manchester Standards” to ensure that the practice was Disability Discrimination Act (DDA) compliant.
- The practice offered an in-house acupuncture clinic to all their patients.
- The practice encouraged a range of allied services to use the facilities in the practice free of charge to help support and develop local community services.
- The practice offered an in- house dermatology clinic which reduced unnecessary referral rates into secondary care.
- The practice initiated insulin in the community for patients with diabetes, something usually commenced in secondary care.

Are services well-led?

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

- The practice had a clear vision to provide the best care, quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- All staff received an extra day’s annual leave for their birthday from the partners of the practice. All staff we spoke with told us of the focus on strong team, which extended to regular social get-togethers .
- The practice was 100% paperless and had achieved paperless accreditation status.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The Practice held regular “Away Days” inviting all staff to attend.

Outstanding



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 outstanding for the care of older people.

- The practice had a low number of older patients.
- The practice provided sole primary care for a local residential nursing home, offering six monthly reviews, and monthly clinic rounds with dedicated clinical and non-clinical staff to support the patients.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.

Outstanding



People with long term conditions

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

- The practice identified a large number of patients with long term conditions and formed a partnership with the Expert Patients Group. The programme supported patients with long-term conditions to regain as much control over their physical and emotional well-being as possible.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 99.7% of patients with diabetes, on the register, who have had influenza immunisation in the preceding August to March 2015 (01/04/2014 to 31/03/2015), higher than national average of 94%.
- 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.

Outstanding



Families, children and young people

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

Outstanding



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 80.7%, which was above the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The practice had dedicated Sunday appointments for all working carers.
- The practice offered and hosted multiple services for patients; we were given example of a GP staying behind in clinic to accommodate a patient who was unable to leave work early.
- 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.
- The Well Woman clinic was held on a Thursday evening to enable as many employed staff to attend as possible.

Outstanding



People whose circumstances may make them vulnerable

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

- The practice developed an extra in-house register for patients who the practice identified as needing extra support or risk of being vulnerable.
- 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.

Outstanding



Summary of findings

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).

- 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. We saw benchmarked data where the practice identified and supported patients to reduce hospital and GP attendance.
- 94.3% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was higher than the national average of 84.4%.
- The practice supported a residential care home supporting patients with advanced and complicated mental health issues, the practice ensured very close working relationships between the care staff and management team, whilst providing continuity of care and support for patients over the last 10 years.
- The practice regularly worked with care managers, disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Outstanding



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 365 survey forms were distributed and 112 were returned. This represented 1.2 % of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. One card stated all the doctors listen to your needs and care.

We spoke with five patients during the inspection. All five patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. One patient told us how the GPs always went one step further to help and support their family.

The friends and families test showed 91% patients would recommend the practice compared to national average of 74%.

Outstanding practice

We saw one of outstanding practice, showing innovation and leading on the new initiatives for the local community and patients:

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physical and emotional well-being as possible. The Practice facilitated this programme to run on their premises for ease of access for their patients. An example of the success of this programme was that the practice identified a cost saving in just one patient between 2012-2015 of £850,000 whilst reducing the attendance to the Accident and Emergency department and GP emergency appointments from 27 down to five (over 14 weeks).

Five Oaks Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Five Oaks Family Practice

Five Oaks Family Practice is located on the outskirts of Manchester city centre and is overseen by North Manchester Clinical Commissioning Group (CCG).

The practice has been established since 1962. Since then Five Oaks with a long history of innovation, for example :

- First practice to be fully computerised in 1989
- Audit advisors for Greater Manchester in 1990
- Fundholding in 1996
- Investors in people award in 2000
- Paperless accreditation in 2010
- Led and set up GP Federation in 2014

The practice is a large purpose built building which has a first floor. The building was designed to extend a further level required. The ground floor has full disabled entrance access with a large seated reception area. The GP consulting rooms are all located on the ground floor. The first floor has access by stairs or lift, where staff offices are located. There is a disabled toilet on the ground floor, which has baby changing facilities. All staffing areas are closed off to the public with a key pad entry system.

The practice offers the use of their function room to the community, which can be used for education training session, meetings for the CCG and it also holds the practice managers forum group. The practice also houses the local medical council (LMC) offices and GP federation headquarters.

The practice has three GP partners and three salaried GPs with a GP trainee (six males and one female) with two practice nurses and one assistant practitioner. Members of clinical staff are supported by one practice manager and one IT manager with reception/ administrative staff.

The practice is open from 8am until 6.30 pm Monday, Tuesday, Thursday and Friday. Wednesdays are open from 8 am till 1 pm, the patients are transferred to “ Go-to- Doc” between 1pm and 6pm. Appointments times are between 8.30am and 6pm. The practice also dedicated GPs appointments on Sunday which were for carer only.

The practice has a Personal Medical Service (PMS) contract with NHS England. At the time of our inspection in total 8950 patients were registered.

The practice is in a highly deprived area of Manchester, and treats a varied ethnically diverse population group. The practice treats a high number of new immigrants arriving into Manchester.

Patients requiring a GP outside of normal working hours are advised to call NHS111, “ Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery is part of Prime Ministers GP Access (GPPO) scheme offering extended hours and weekend appointments to patients.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 April 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses and reception 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

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice prides themselves on being a learning environment and thrived on evaluating learning and sharing. This was throughout the practice and demonstrated not only in written evidence but by all the staff spoken to during the inspection. There was a clinical lead for all significant events with the practice being open and transparent:

- 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 informed us that lessons would be shared with peers and shared.
- The practice carried out a thorough analysis of the significant events.
- There was a clear and historic learning cycle documented for any incidents or significant events for the practice.
- The practice held a rolling meeting programme with the whole team meeting every four weeks, with alternative themed meetings held every Monday which covered multiple topics, for example, education, safeguarding, Quality and Outcome Framework (OOF), prescribing and incidents.

We reviewed safety records, incident reports, patient safety alerts and minutes of. We saw multiple pieces of evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed a recent event where a patient's mother raised concerns that not all GPs would be able to recognise usual symptoms from a recent diagnosis. The practice raised the conversation as a significant event and immediately the clinician who specialised in dermatology developed an educational

session for all clinicians, which included pictures. This was then taken one step further and the session was shared with the family member to show the practice had listened and acted on their concerns.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, who also sat on the board of the Primary Care Child Safeguarding Forum. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3. Nursing staff had completed safeguarding level two training.
- 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 and practice manager had a dual role in maintaining the infection control for the practice. The 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 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. We saw multiple examples of specific working processes in

Are services safe?

treatment rooms; all ensuring staff had a clear understanding of the infection control process especially in regards to minor surgery procedures. Staff had received up to date mandatory training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available 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.
- The practice identified a shortage in nurse hours for the practice and recently employed a second full time nurse. This allowed the practice nurses to attend to house bound patients on a more regular basis, whilst supporting the wider clinical staff in managing long term conditions

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely with process and monitoring checks in place and carried out regularly.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice provided sole primary care to a residential care home which hosted younger patients with mental health issues and dementia. They provided a range of services and support such as; monthly surgery, six monthly reviews in conjunction with staff, pain management support and falls prevention support along with regular reviews of care plans. The practice had a dedicated member of staff for the home, who dealt direct with all queries. The practice also dedicated one clinician to manage and ensure continuity of care for the patients. We spoke with the managers of the care home who provided many positive interventions the practice had made with residents. For example, a recent incident required one of the residents requiring further interventions from the mental health team. The clinician intervened to support the managers to expedite the care to ensure the patient received the correct intervention required.

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 96 % of the total number of points available.

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

- Performance for diabetes related indicators was 95.2%, which was better than the CCG average of 84.2% and national average of 89.2%.
- The percentage of patients with hypertension with a blood pressure reading in the last five years was 100%, which was better than the CCG average of 96.8% and national average of 97.8%. With exception rate of 1.6 below national average of 3.8%
- Performance for mental health related indicators was 90.3%, in line with the CCG average of 91.5% and national average of 92.8%.

There was evidence of quality improvement including clinical audit.

- There had been multiple clinical audits completed in the last two years. We received 14 comprehensive audits, some included case studies and detailed cost advantages. Completed audits demonstrated improved outcomes for patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, in 2014 the practice performed an audit with a local residential home where issues were identified around access and communication with the practice such as telephone access, telephone advice and requests for home visits. The practice acted on the findings and dedicated one member of the practice to deal with all the care home's prescription queries and general access to the practice. A re audit showed improvements with no dissatisfaction documented when accessing the practice and showing the communication between both parties to be extremely effective which resulted in a drop in unplanned hospital admissions, whilst building trust between patients, care home staff and the practice.

Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- All staff had "Buddies" where a clinician had a named non clinician administrative support. We saw positive examples of this encouraging staff, whilst helping to ensure there was no division between clinical and non-clinical staff; all were treated the same. All staff we spoke with on the day felt like a valued member of the team.

Are services effective?

(for example, treatment is effective)

- The practice had a highly skilled and diverse clinical interests ranging from medical law, dermatology and GP Trainers. Also various GPs supported or managed various groups in the area such as the North Manchester training group and the Chair of Greater Manchester association GP Federations. All the inspection team witnessed each one of these specialisms' main impact was to enhance the practices own patient services.
- All non-clinical staff were multi-skilled and could work in a flexible manner to cover each other for absences. Staff rotas were visible to all staff in reception to ensure that the practice is covered for leave and sickness.
- The practice had a comprehensive induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as safeguarding, first aid, health and safety and confidentiality. A recently appointed clinician told us they had been welcomed by their colleagues and felt extremely supported in their role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff; for example for staff reviewing patients with long term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- Learning needs of staff were identified through annual appraisals, meetings and wider reviews of practice development. Staff had access to a range of training which was appropriate to meet the needs of their role. Staff were encouraged to find relevant courses which they felt would be beneficial to their role and development throughout the year and time allocated to complete courses.
- There was a nurturing and developing culture throughout the practice.

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. Full clinical access to clinical notes was available to enable instant information in the out of hour's service.

Multi-disciplinary teams such as the local drug team have been working closely with the practice for the past 15 years. The inspection team spoke with a member of the drug team who explained various positive interventions and support the team receives from the practice. They stated how they were made to feel part of the team, with clinical support to help them carry out effective and caring support to patients in the community. This increased the speed at which support could be put in place for patients.

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.

We saw evidence that multi-disciplinary team meetings took place on a regular basis and care plans were routinely reviewed and updated, we saw evidence of cancer care and mental health in older patients reviews taken place. The practice encourages a range of allied services to use the facilities in the practice free of charge, to help support and develop local community services.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- The practice held a well women clinic weekly supported by two clinicians. This supported all family planning and sexual health issues.
- The practice provided a substance misuse service to patients, with a dedicated team who attended weekly. This team provided patients with clinical shared care and physiological and social interventions to help overcome any problems.
- The practice offered access to the community alcohol team, where patients received assessments and counselling in the practice.
- The practice runs an opiate dependence clinic helping patients overcome addiction.

The practice's uptake for the cervical screening programme was 80.7%, which was above the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

uptake of the screening programme by using information in different languages and for those with a learning disability and 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.3% to 98.6% and five year olds from 87.8% to 97.6%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

The practice was actively involved in supporting and helping local Manchester local charities. Shared Lives is a newly established charity who looks for foster carers to look after vulnerable adults, majority with learning difficulties. The practice aimed to support the charity by providing the practice as a base and drop in centre for the charity.

The practice had been supporting and referring patients to the food bank, whilst also advertising the service in practice and acting as a collection point for the charity.

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

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

All of the 33 patient Care Quality Commission comment cards we received were 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.

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

Feedback from patients who use the service, carers and community teams was continually positive about the way the staff treat people. People thought staff went the extra mile and the care they received exceeded their expectations. Examples include:

- A patient who had been in extreme pain for many years was offered in-house acupuncture. Since attending the

sessions which had been for the last three years, the patient explained how the medication previously prescribed had been dramatically reduced, whilst enabling the patient to continue working.

- We spoke with a care home manager and assistant manager who told us the care provided by the practice to their residents was above and beyond anything they had known. They had one dedicated clinician and one main contact in the practice to support them. The GP had built trust and respect with their residents.
- We spoke with an allied worker who wanted to express their gratefulness and kindness shown by the practice over the last 18 months. They had been attending the practice for over 10 years. The clinicians offered them encouragement and reassurance in a time of uncertainty, which included personal hospital visits out of hours and guidance and support to their family.

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

- 90.4% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87.5% and the national average of 89%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 84% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 84% to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 90% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

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

- 84% 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 national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw a poster in the reception areas informing patients this service was available in 34 different languages.
- The practice had an appointment check in which could translate into 17 different languages.
- There were patient information boards in the waiting area, which explained facts about accident and emergency attendance. These facts were displayed in 10 different languages.
- Information leaflets were available in easy read format.
- There were health education boards which were easy to understand, for example, sweet poison showing actually sugar content of drinks, travel clinic and sun awareness.

- There were posters informing patients of the right for a chaperone or asking for a cup of water and breast feeding facilities.

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 35 patients as carers, 0.3 % of the practice list. The practice established a partnership with the Manchester Carers Forum (MCF), offering carers signposting services, health checks and dedicated Sunday appointments. The practice identified a small number of carers on the list and wanted to encourage other local practices to share information about their carers to help build and support the local MCF. A dedicated leaflet for carers was produced, which was shared at the North Manchester Integrated Neighbourhood Care Team meetings (NMINC) and local patch meetings.

Staff told us that if families had suffered bereavement, their usual GP would visit the family and the practice sends a sympathy card. The practice told us how clinicians attended patient's funerals, whilst providing support to the families.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice identified a large number of patients with long term conditions and formed a partnership with the Expert Patients Group who were based in Manchester University. The Expert Patients Programme supported people with long-term conditions to regain as much control over their physical and emotional well-being as possible. It was an evidence based self-management programme. The practice received full training and referred their respective patients to the group who delivered the in house group sessions, once a week over a six weeks period. Due to the success of the programme this was shared with local GPs

This resulted in one patient who regularly attended the accident and emergency department, to reduce the visits over a 14 week period from 27 visits to five. The practice had done a cost saving study and between 2012 -2015 a total saving of £ 807,500 had been achieved.

The practice had developed a registers to identify more vulnerable patients, to offer extra support and guidance if needed within the practice. Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse). The practice were extremely proactive and took this one step by further identify and support patients.

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

- The practice offered an in-house acupuncture clinic to patients
- The practice offered A- levels students from outside the practice area with hopes of pursuing a medical career supervised work experience observing doctors at work, with patient consent and after references form the student's school.
- The practice offered an in- house dermatology clinic which had reduced unnecessary referral into secondary care.
- The building is Disability Discrimination Act (DDA) compliant and had doors painted darker (to help partially sighted patients), door signs in braille, televisions that announced patient names as well as visually and disabled toilets.

- The practice offered a weekly well women clinic with two clinicians.
- The GPs had appointments on Sunday which are for carer only, which the practice identified this by working and supporting carers.
- The practice provided a number of services designed to promote patients' health and wellbeing, for example the practice had been awarded the gold "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay, bisexual and transgender within your local community.
- The practice hosted multiple services such as a tele-dermatology clinic, drug counselling and pain management service.
- The practice was part of the North Manchester Integrated Neighbourhood Care Team (NMINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The practice initiated insulin in the community for patients with diabetes, something normally commenced in secondary care. This enabled patients' care to be closer to home.
- 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.

Access to the service

The practice was open between 8am until 6.30 pm Monday, Tuesday, Thursday and Friday. Wednesdays were open from 8 am till 1 pm. Appointments times were between 8.30am and 6pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice was part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients.



Are services responsive to people's needs?

(for example, to feedback?)

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.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to 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.

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 displayed in the waiting room.

We looked at one complaint received in the last 12 months, which was handled satisfactorily, dealt with in a timely way, openness and transparency with dealing with the complaint discussed in team meeting. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example clinical case studies had been developed from complaints to aid learning.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision to drive and improve quality care and promote and share good outcomes for patients. The practice understood the shifting environment of the NHS, whilst understanding the importance of future planning needed to maintain the high quality of care for the good of their patients and neighbourhood.

There was a strong understanding of supporting and developing within the local community and identifying the social and health care needs of patients, we saw evidence of the practice leading on the development of the new neighbourhood delivery models.

The practice is part of a neighbourhood which has been awarded “early adopter” funding in recognition of work by Manchester devolution team in April 2016. (Manchester devolution is the transfer of power to the city to take charge of health and wellbeing services in the Manchester community). All staff were proud of the mission statement of the practice and felt part of making the vision.

- The practice held annual away days with a diversity and equality theme this year.
- The practice had a strategy and supporting business plans which reflected the vision and values and future planning.

Governance arrangements

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

- The practice had strong clinical and non-clinical leads and systems in place to effectively manage significant events, safeguarding, HR, education and quality for the entire practice. For example we saw evidence in multiple areas of the taking an active lead to ensure regular audits, training and communication in place.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were clinical leads in areas of education and safeguarding.
- There was a strong focus on continuous learning and improvement at all levels.

- The practice held rolling four weekly clinical meetings with members of community services. Mental health and safeguarding issues were discussed. The meeting schedule also included discussion of any significant incidents that had occurred, audit results, educational sessions, patient case studies, drug alerts, and patient complaints.
- Practice specific policies were implemented and were available to all staff on the intranet and in paper format.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit used to monitor quality and to make improvements for example the safeguarding process was solid to ensure patient safety.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the shared drive on any computer within the practice. We looked at a sample of these policies and procedures and saw they had been reviewed regularly and were up-to-date.

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 also inspired their patients, staff and allied health professionals to ensure patients were the focus of care and main priority in the practice.

They told us they prioritised safe, high quality and compassionate care. Staff throughout the practice were proud and told us there was no difference between clinical and non-clinical staff, they were all the same and treated the same. We were told the partners were friendly, approachable and always took the time to listen to all members of staff and everyone felt supportive.

The three partners within the practice had a range of experience and demonstrated they had the capacity to run the practice to ensure high quality care.

The partners and the practice manager were visible within the practice and staff told us they were approachable and listened to all members of the practice team. All staff said they would have no hesitation in raising concerns.

Are services well-led?

Outstanding



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

Every opportunity to improve the service was recognised and acted on, and complaints were seen as a vital way of holding the practice to account. One example was the practice setting up an educational training session from a patients concern.

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 fully 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.
- The practice fed back and documented all concerns in meetings to all staff where relevant.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held.
- 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.

- All staff received an extra day's annual leave for their birthday from the partners of the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. The PPG was a virtual group and communicated regularly.
- 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 were innovative and proud to be initiators of many pilot schemes to improve outcomes for patients in the area. The practice had received several national recognitions for the leadership role in Manchester and had received visits from Health and Social Care minister and the cabinet office in March 2016.

The practice set up the structure in 2014 and chaired the local GP Federation which managed the Prime Ministers GP Access scheme for North Manchester, which provided 7 day access to patients. This service now operated city wide. Recognition of the practices success recently featured on the Department of Health twitter account.