

# Dr Laurence Howard Sherman

## Quality Report

Greyland Medical Centre

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Laurence Howard Sherman on 19 May 2015. We found that the practice was rated as good for effective, responsive and caring, but requires improvement for safe and well-led giving an overall rating as requires improvement.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded and monitored but not always shared widely within the team.
- Data demonstrated patient outcomes were above average for the locality. We saw evidence that clinical audits were driving improvement in performance to improve patient outcomes.

- Risks to patients were assessed and managed, however there were no documented risk assessments in place.
- There were limited training records for staff and no documented plan in place for future training.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice did not hold regular formal governance meetings but issues were discussed at ad hoc meetings. There were no records or minutes of any internal or external meetings.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure all staff receive current training in safeguarding vulnerable adults and children for all staff and this is recorded.
- Ensure that documented risk assessments are in place to include those risks to patients, staff and the general environment, paying particular attention to fire safety and infection control.

In addition the provider should:

- Ensure all staff training is recorded, reviewed and planned, and a record of this maintained.

- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure that there is a record of all meetings that take place both internal and external to the practice and actions from these meetings recorded.
- Ensure all staff have access to appropriate policies, procedures and guidance that are regularly reviewed and updated, to carry out their role.

**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 requires improvement for providing safe services as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example there were no documented risk assessments in place for patients, staff and general health and safety including fire safety and infection control. Apart from the lead GP there was no evidence that staff had received current safeguarding training.

Requires improvement



### Are services effective?

The practice is rated as good for effective. Patients' care and treatment took account of National Institute for Health and Care Excellence (NICE) and local guidelines. Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice was proactive in the care and treatment provided for patients with long term conditions and regularly audited areas of clinical practice. There was evidence that the practice worked in partnership with other health professionals.

Good



### Are services caring?

The practice is rated as good for caring. Patients told us they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We saw that staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly those with long term conditions, and to families following bereavement.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. The practice reviewed the needs of its local population and engaged with NHS England and the local Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Good



# Summary of findings

Patients told us it was easy to get an appointment and urgent appointments were available the same day. The practice was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised.

## Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. Formal governance meetings were not held and minutes of any internal and external meetings were not taken. However all staff told us that they regularly attended internal meetings and discussed matters that supported patient care in the practice. The practice did proactively seek feedback from patients but did not have an active patient participation group (PPG). There were limited training records for staff and no documented plan in place for future training.

**Requires improvement**



# 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

There were aspects of the practice which required improvement and this related to all population groups. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

All patients over 75 had care plans and these were reviewed at least every three months. Patients who required an appointment, where the practice did not have any available, were triaged by the GP who then consulted over the telephone or arranged an extra consultation within or outside his surgery hours or if necessary carried out a home visit.

Requires improvement



### People with long term conditions

There were aspects of the practice which required improvement and this related to all population groups. The practice nurse led on chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement 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. Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice offered an appointment as quickly as possible for a child or younger person. Patients who required an appointment,

Requires improvement



# Summary of findings

where the practice did not have any available, were triaged by the GP, in co-operation with the patient, parent or guardian, who then consulted over the telephone or arranged an extra consultation within or outside his surgery hours or if necessary carried out a home visit.

Although the GP was up to date with safeguarding training the remaining staff in the practice had not undertaken any recent training in safeguarding children. We were told that there were plans in place but there was no record of this.

## **Working age people (including those recently retired and students)**

There were aspects of the practice which required improvement and this related to all population groups. 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.

The practice tried to offer an appointment at a time suitable to the patient fitting in with their working day. The practice offered an extended working hours surgery, one evening per week, to accommodate the patients who cannot make an appointment during the working day. If the practice could not provide an appointment for the patient they would be put on a telephone call list and triaged by the GP who will then consult over the telephone or arrange an extra consultation slot within or outside his surgery hours. The GP would also use the out of hour's service in Prestwich to arrange an appointment in the evening or at weekends.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in

**Requires improvement**



# Summary of findings

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.

The practice tried to offer an appointment as quickly as possible for this population group. However, in the event of an appointment being unavailable the patient would be triaged by the GP who would consult over the telephone or arrange an extra consultation slot within or outside his surgery hours. The GP would also use the out of hour's service in Prestwich to arrange an appointment in the evening or at weekends. The GP would refer to other agencies and their emergency teams, if they were concerned regarding safeguarding issues.

Although the GP was up to date with safeguarding training the remaining staff in the practice had not undertaken any recent training in safeguarding vulnerable adults. We were told that there were plans in place but there was no record of this.

## **People experiencing poor mental health (including people with dementia)**

There were aspects of the practice which required improvement and this related to all population groups. Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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 including MIND and SANE. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

The practice tried to offer an appointment as quickly as possible for this population group. However, in the event of an appointment being unavailable the patient would be triaged by the GP who would consult over the telephone or arrange an extra consultation slot within or outside his surgery hours. The GP would also use the out of hour's service in Prestwich to arrange an appointment in the evening or at weekends. The GP would refer to mental health services and their emergency teams, if they were concerned regarding safeguarding issues.

**Requires improvement**





# Summary of findings

## What people who use the service say

We spoke with five patients who used the service on the day of our inspection and reviewed 39 completed CQC comment cards. The patients we spoke with were very complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. The comments on the cards provided by CQC were also very complimentary about the service provided.

National GP survey results published in January 2015 indicated that the practice was best in the following areas:

- 93% of respondents find it easy to get through to this surgery by phone. Local (CCG) average: 68%
- 89% of respondents describe their experience of making an appointment as good. Local (CCG) average: 70%

- 91% of respondents are satisfied with the surgery's opening hours. Local (CCG) average: 76%

National GP survey results published in January 2015 indicated that the practice could improve in the following areas:

- 58% of respondents usually wait 15 minutes or less after their appointment time to be seen. Local (CCG) average: 62%
- 76% of respondents would recommend this surgery to someone new to the area. Local (CCG) average: 78%

There were 301 surveys sent out, 107 returned giving a completion rate of 36%.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure all staff receive current training in safeguarding vulnerable adults and children. A record of this training must be maintained.
- Ensure that documented risk assessments are in place to include those risks to patients, staff and the general environment, paying particular attention to fire safety and infection control.

### Action the service **SHOULD** take to improve

- Ensure all staff training is recorded, reviewed and planned, and a record of this maintained.

- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure that there is a record of all meetings that take place both internal and external to the practice and actions from these meetings recorded.
- Ensure all staff have access to appropriate policies, procedures and guidance that are regularly reviewed and updated, to carry out their role.

# Dr Laurence Howard Sherman

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Inspector accompanied by two specialist advisers, a GP and a practice

## Background to Dr Laurence Howard Sherman

Dr Laurence Howard Sherman has approximately 2,150 patients registered and is part of Bury Clinical Commissioning Group (CCG). The population experiences higher levels of income deprivation affecting children and older people than the practice average across England. There are a higher proportion of patients above 65 years of age (20.6%) than the practice average across England (16.7%). 63.2% of the patients had a longstanding medical condition compared to the practice average across England of 54%.

There is one GP supported by a practice nurse. There is also a practice manager supported by a reception and administration team.

The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice is open between 8.30am and 6pm Monday to Friday. Extended hours surgeries are offered one night per week, usually a Wednesday, from 6.30pm to 7.45pm.

Patients can book appointments in person or via the phone and online. Emergency appointments are available each day. Bury and Rochdale Doctors on Call (BARDOC) provide urgent out of hours medical care when the practice is closed.

Information from the General Practice Outcome Standards (GPOS), Quality Outcomes Framework (QOF) and Oldham Clinical Commissioning Group (CCG) information showed the practice rated as an achieving practice.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This 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.

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

# Detailed findings

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also reviewed further information on the day of the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas. We carried out an announced inspection on 19 May 2015.

During our visit we spoke with a range of staff, including the GP, nurse and administrative staff and spoke with five patients who used the service. We also reviewed information from the completed CQC comment cards. We observed how people were being cared for and talked with carers and/or family members.

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Information about safety was recorded and monitored but not always shared widely within the team.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred and we were able to review these.

We saw that incidents and all details of investigations were recorded. All learning points were documented and included discussions with the patient at the centre of the incident. However sharing of information internally with clinical and non-clinical staff, where appropriate, and externally with the Bury Clinical Commissioning Group (CCG) was not applied consistently.

We looked at the systems to manage and monitor incidents. We saw records were completed in a comprehensive and timely manner. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. The GP was the lead in safeguarding vulnerable adults and children. They had been trained to level 3 safeguarding vulnerable adults and children. We asked members of the nursing and administrative staff about their training and they confirmed they had not received any recent safeguarding training. However staff were aware who the lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns and how to contact the relevant

agencies in working hours and out of normal hours. The provider must ensure all staff receive current training in safeguarding vulnerable adults and children. A record of this training must be maintained.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example if a child was subject to a child protection plan.

There was a chaperone policy. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. This duty was undertaken by the practice nurse. We saw evidence that a disclosure and barring service (DBS) check was in progress for the both the GP and the practice nurse.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. We also saw that the temperature of the fridges, used specifically for the storage of medicines and vaccines, were checked and recorded.

The practice nurse oversees the processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by the practice nurse or GP using protocols that had been produced in line with legal requirements and national guidance.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The doctor's bag was securely stored when not in use. The GP was responsible for checking drugs held in the Doctor's bag prior to visits. Any replacement drugs needed were ordered and replaced by the GP.

We saw evidence of a recent medicines management audit that had been satisfactorily completed.

# Are services safe?

## Cleanliness and infection control

There were systems in place that ensured the practice was regularly cleaned. The practice nurse took the lead for infection control within the practice. We found the practice to be clean at the time of our inspection. A system was in place to manage infection prevention and control. We saw evidence of an infection control audit and action plan. We saw that a further audit had been completed in April 2014 and that some of the actions from the initial audit had been completed. However at the time of our inspection there were still outstanding actions to be completed.

We also saw that practice staff were provided with equipment such as disposable gloves and aprons. This was to protect them from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

We looked at the consulting and treatment rooms and found these rooms to be clean and fit for purpose. Hand washing facilities were available and storage and use of medical instruments complied with national guidance with most equipment for single use only. We looked at medical equipment and found that it was all within the manufacturers' recommended use by date.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes were provided for use and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice was in the process of a full refurbishment and this was due to be completed by 2016. The practice nurse treatment room had already been completed as part of this plan.

## Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was

routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment that supported clinical practice such as spirometers to measure lung capacity, blood pressure monitors and weighing scales.

We also saw that there were regular checks of fire extinguishers.

## Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was an arrangement in place for members of reception and administrative staff to cover each other's annual leave. There was also a system in place to use locum staff to support the practice when needed.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

## Monitoring safety and responding to risk

Although the practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice there were no risk assessments undertaken. These included no risk assessments of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

We found that stocks of consumables and vaccines were monitored to ensure they were available, in date and ready to use.

Some of the staff at the practice had been employed for many years and knew the patients well. Staff we spoke to told us they were able to identify if patients were unwell or in need of additional support, they told us that this meant that they could make arrangements for the patient to be helped accordingly.

## Are services safe?

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements in place to manage emergencies. We were told that there were plans in place for all staff to receive training in basic life support however we saw no evidence to support this.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and

hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice had not carried out a fire risk assessment that included actions required to maintain fire safety. Staff had not received fire training and there were no regular fire drills.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP and practice nurse we spoke with could clearly describe for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GP and nurse that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed.

Discrimination was avoided when making care and treatment decisions. Interview with GP showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice demonstrated to us that clinical audits had been undertaken. We saw examples of completed audits which showed an effective response to any possible risk to patient safety.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

### Effective staffing

We reviewed six staff files, and had discussions with staff. We saw that appraisals had taken place for administrative staff. This included staff completing a pre-appraisal

preparation form. The appraisal itself covered performance, key achievements, improvement, training and development, changes to job description and action to be taken. Staff we spoke with said they were being supported to enable them to confidently and effectively fulfil their role.

The GP was able to obtain the evidence and information required for their professional revalidation. This was where when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. The GP had undergone a recent clinical appraisal.

### Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, x ray results, and letters from the local hospital including discharge summaries, and out of hours services both electronically and by post. Relevant staff knew their responsibilities in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

### Information sharing

There was effective communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems in place to provide staff with the information they needed. An electronic patient record was



# Are services effective?

(for example, treatment is effective)

used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

## Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 but had received no training in respect of this.

The 2015 national GP patient survey indicated 92% of people at the practice said the last GP they saw or spoke to was good at explaining tests and treatments, 84% said the last GP they saw or spoke to was good at involving them in decision making and 99% had confidence and trust in the last GP they saw or spoke to.

Patients we spoke with told us that they were spoken to appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment. The practice computer system identified those patients who were registered as carers and any other information relating to consent was put onto the system and alerts set up to notify clinicians.

## Health promotion and prevention

The practice demonstrated a commitment that ensured their patients had information about a healthy lifestyle. This included providing information about services to

support them in doing this. There was a range of information available for patients displayed in the waiting area and on notice boards in the reception areas. They also provided information to patients via their website and in leaflets in the waiting area about the services available.

The practice worked proactively to promote health and identify those who require extra support, for example those with long term conditions. There was evidence of appropriate literature and of good outcomes for these areas as demonstrated in the QOF data.

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. Staff we spoke with were knowledgeable about other services and how to access them. The practice nurse offered appointments for a number of services including cervical smears and smoking cessation.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. If a patient required any vaccinations relating to foreign travel they made an appointment with the practice nurse to discuss the travel arrangements. This included which countries and areas within countries that the patient was visiting to determine what vaccinations were required.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Patients completed CQC comment cards to tell us what they thought about the practice. We received 39 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We saw that patients' privacy and dignity was maintained during examinations, investigations and treatments.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

We looked at the results of the 2015 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 89% of respondents said the last GP they saw or spoke to at the practice was good at treating them with care and concern. 97% of respondents said the last nurse they saw or spoke to was good at listening to them.

### **Care planning and involvement in decisions about care and treatment**

The patient survey information we reviewed showed patients responded positively to questions about their

involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 84% of practice respondents said the GP involved them in care decisions and 92% felt the GP was good at explaining treatment and results.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

The practice used a local translation service when needed and they arranged for an interpreter to attend the surgery. They also used language line to support people who did not have English as a first language.

### **Patient/carer support to cope emotionally with care and treatment**

The patients we spoke to on the day of our inspection told us that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to ensure they understood the various avenues of support available to them.

We saw that there was a system for notifying staff about recent patient deaths. Staff told us that this was helpful when speaking to relatives and others who knew the person who had died. We were told that families who had suffered bereavement were called by the GP to offer support and condolences.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

NHS England and the local Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

We saw the practice carried out regular checks on how it was responding to patients' medical needs. This activity analysis was shared with Bury CCG and formed a part of the Quality and Outcomes Framework monitoring (QOF). It also assisted the practice to check that all relevant patients had been called in for a review of their health conditions and for completion of medication reviews.

Each patient contact with a clinician was recorded in the patient's record, including consultations, visits and telephone advice. The practice had a system for transferring and acting on information about patients seen by other doctors and the out of hour's service. There was a reliable system to ensure that messages and requests for visits were recorded and that the GP or team member received and acted upon them. The practice had a system in place for dealing with any hospital report or investigation results which identified a responsible health professional and ensured that any necessary action was taken. There was a system to ensure the relevant team members were informed about patients nearing the end of their life. There was also a system to alert the out of hour's service if somebody was nearing the end of their life at home.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The premises and services had not been adapted to meet the needs of people with disabilities however this was being addressed as part of the refurbishment programme. There was a suitable entrance at the front of the building for wheelchair use access. We also saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms.

### Access to the service

Information was available to patients about appointments on the practice website and in the practice leaflet. This included how to arrange urgent appointments and home visits and how to book appointments through the website.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were satisfied with the appointments system. They confirmed that they could see the GP on the same day if they needed to. Comments received from patients showed that those in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

The national GP survey results published in January 2015 showed that 93% of patients said it was easy to get through to the practice to make an appointment. 92% of patients said they found the receptionist helpful once they were able to speak with them. Patients we spoke with told us that they did not have difficulties in contacting the practice to book a routine appointment.

### Listening and learning from concerns and complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 39 patients chose to comment. All of the comment cards completed were very complimentary about the service provided.

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

Patients we spoke with knew how to raise concerns or make a complaint. Information on how to complain was on the practice website and in the practice information leaflet. We looked at complaints received and found they had been satisfactorily handled and dealt with in a timely manner.

Patients were informed about the right to complain further and how to do so, including providing information about

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

relevant external complaints procedures. Patients we spoke with said they would be able to talk to the staff if they were unhappy about any aspect of their treatment. Staff we spoke with told us that not all verbal complaints were recorded if they could be resolved at the time.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a statement of purpose which was to provide patients registered with the practice with the best possible quality service within a confidential and safe environment by working together. This was combined with showing patients courtesy and respect at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem. Also to involve patients in decisions regarding their treatment, to promote good health and well-being through education and information and to involve allied healthcare professionals in the care of patients where it is in their best interests.

The GP we spoke with demonstrated an understanding of their area of responsibility. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon. The practice staff were dedicated to providing a service with patient's needs at the heart of everything they did.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice. However not all policies, protocols procedures and guidance were regularly reviewed and updated such as the infection control protocol. There were no risk assessments in place.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing above national standards.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice. We looked at several clinical audits and found they were well documented and demonstrated a full audit cycle.

### Leadership, openness and transparency

Staff we spoke with told us there were regular team meetings however there was no record of these or minutes

of any internal or external meetings at the time of our inspection. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We saw that there were policies in place in the staff handbook such as confidentiality and data protection, procedure for notifying the death of a patient, equal opportunities and diversity policy, harassment and bullying policy, health and safety at work, safeguarding and training policy. Staff we spoke with knew where to find these policies if required.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice and all staff recognised the importance of obtaining and acting upon the views of patients and those close to them, including carers. We saw evidence of actions taken as a result of comments from a patient survey in 2014 which resulted in the implementation of a telephone consultation process (triage). We also saw that comments from patients had informed the ongoing refurbishment plan which is due completion by 2016.

Staff told us they could give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice did not have a patient participation group (PPG).

### Management lead through learning and improvement

Staff told us that the practice supported them to develop. We saw that annual appraisals took place. However there was no training plan or record kept of training undertaken by staff. We did see limited evidence of some training that had been undertaken in information governance.

The practice had completed reviews of significant events and other incidents however not all of these reviews were consistently shared with staff team meetings to ensure the practice improved outcomes for patients.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>(2) the things which a registered person must do to comply with that paragraph include — (b) doing all that is reasonably practicable to mitigate any such risks; Providers should use risk assessments about the health, safety and welfare of people using their service to make required adjustments. These adjustments may be to premises, equipment, staff training, processes, and practices and can affect any aspect of care and treatment.</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that documented risk assessments were in place to include those risks to patients, staff and the general environment, paying particular attention to fire safety and infection control.</p> <p>Regulation 12 (2) (b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>(2) Systems and processes must be established and operated effectively to prevent abuse of service users; Staff must receive safeguarding training that is relevant, and at a suitable level for their role. Training should be updated at appropriate intervals and should keep staff up to date and enable them to recognise different types of abuse and the ways they can report concerns.</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure all staff received current training in safeguarding vulnerable adults and children.</p>

This section is primarily information for the provider

## Requirement notices

Regulation 13 (2)