

# Dr Raina Patel -The Guywood 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

Good



Are services safe?

Requires improvement



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Raina Patel, The Guywood Practice on 20 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained so they had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. No formal written complaints had been received in the previous 12 months; however evidence showed that some issues identified by patients were reviewed as significant events. Improvements were made to the quality of care if required as a result of these.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw four areas of outstanding practice:

# Summary of findings

- The practice had surveyed patients who were children and young people for their views of the GP surgery and how they felt about the treatment and information they received. As a result they had implemented an action plan to improve how the practice communicated to children and young people.
- The practice had a system of peer review for all secondary care referrals. Data supplied by the practice showed the peer review process impacted positively on the number of referrals they made for patients. For example, the practice referred approximately 150 patients per 1000 for their first outpatient appointment between February 2015 and 2016 compared to the CCG average of approximately 210 patients per 1000.
- The GP had initiated a local scheme with the third sector providers such as AgeUK to seek patient specific ways to support vulnerable people with their physical and mental health care needs. Vulnerable patients benefiting from the pilot scheme included patients with a learning disability and those experiencing a bereavement.
- The practice had won three 'awards' from the Health Protection and Control of Infection Unit at Stockport Council in 2015-16 for being the highest achieving practice in administering the influenza vaccine to patients considered at risk, to patients over the age of 65 and to children of all ages.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff including clinical staff and staff who carry out the role of chaperone should have evidence of a Disclosure and Barring Service check.

In addition the provider should:

- Implement a planned programme of clinical audit and re-audit.
- Undertake a periodic analysis of significant events and complaints to identify themes and trends so that appropriate action can be taken if required.
- Record a log of complaints, including informal issues or concerns with information of the action taken by practice staff to provide an audit trail and to demonstrate the practice's openness to apologise when things go wrong.
- Maintain an up to date record of staff induction training and a staff training matrix to reflect the training provided.

**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.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice scored 100% across all areas for an infection control audit undertaken in April 2016 by the local authority health protection nurse.
- Risks to patients were assessed and well managed, except those related to the recruitment of staff. For example, not all the required pre-employment checks and Disclosure and Barring Service check were in place.

### Are services effective?

The practice is rated as outstanding for providing effective services.

**Outstanding**



- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. The practice had consistently achieved 100% of the points available since 2011 in the Quality and Outcomes Framework (QOF).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice peer reviewed all secondary care referrals and data supplied by the practice showed that this review process impacted positively on the number of referrals they made for patients to secondary care when compared to the CCG average.
- The practice had won three 'awards' from the Health Protection and Control of Infection Unit at Stockport Council in 2015-16 for being the highest achieving practice in administering the influenza vaccine.

# Summary of findings

- Clinical audits demonstrated quality improvement, although a planned programme of audit and re-audit would strengthen the practice's clinical governance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and one to one meetings were underway to create personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Evidence was available which demonstrated that staff members went the extra mile to support patients, examples included taking a patient home and getting them fish and chips for tea, organising the taking of bloods at the last minute and delivering newspaper to a patient on New Year's Day.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The health care assistant visited housebound patients and those identified at risk of unplanned admission to hospital at home. They carried out an assessment and recorded a care plan with the patient and or their carer.

# Summary of findings

- The GP had initiated a local scheme with the third sector providers such as AgeUK to seek patient specific ways to support vulnerable people with their physical and mental health care needs. (Third sector providers include charities, voluntary organisations and community groups).
- Information about how to complain was available and easy to understand however the practice had not received any written complaints. Practice staff responded immediately to patients and their concerns. Patients were offered the opportunity to formally complain but it was reported they refused. Evidence that informal complaints were investigated under the practice's significant event procedures was available. Learning from this was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour, although a specific policy could not be located. The GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was very small but active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example healthcare assistant visited housebound and vulnerable patients at home to review their needs and agree a care plan.
- Twice weekly visits were undertaken to a care home to review all the patients registered with them. The practice also met with staff at the care home to review and ensure patients' healthcare needs were being met appropriately.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Monthly palliative care meeting were held and community health care professionals attended these.
- The practice had won an Influenza Vaccination Award (2015-16) for being the highest achieving practice in administering the vaccination to the over 65s age group.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed consistently better than the national average in all five of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014-2015.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had won an Influenza Vaccination Award (2015-16) for being the highest achieving practice in administering the vaccination to patients in the 'at risk' groups.

# Summary of findings

## Families, children and young people

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

Good



- 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.
- The practice had undertaken a survey to seek children's (patients) views of the GP surgery and how they felt about the treatment and information they received. Two feedback questionnaires were used one for the under 8 years old and one for 8 year plus. The responses were analysed and an action plan implemented to improve areas identified by the young people and their parents.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Quality and Outcome Framework (QOF) data showed that the practice performed better than the national average with 91% of patients with asthma, on the register, who had had an asthma review in the preceding 12 months (national data 75%).
- Data also showed that the practice performed better than the national average for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years 86% compared to the national average of 82%.
- The practice had won an Influenza Vaccination Award (2015-16) for being the highest achieving practice in administering the nasal vaccination to children across all age groups.
- 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 good for the care of working-age people (including those recently retired and students).

Good



- 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 offered late night appointments three evening per week Appointments were available until 8pm on Mondays, 7.30pm on Tuesday and 7pm on Fridays.



# Summary of findings

- 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.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had initiated a local pilot scheme with AgeUK and representatives from the learning disability team to seek patient specific ways to support vulnerable people with their physical and mental health care needs. Examples of how pilot was supporting patients were provided.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

Good



- Data from 2014-15 showed that 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was above the national average of 88% (2014-15 data).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice offered an in- house counselling service.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line or above national averages. A total of 281 survey forms were distributed, and 104 were returned. This represented approximately 3.6% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% 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%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 84% 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 did not receive any comments cards back.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the friends and family test showed that for the three consecutive months January –March 2016 all patients' responses were positive in that the majority of responses indicated they were extremely likely to recommend the practice.

## Areas for improvement

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

- Ensure recruitment arrangements include all necessary employment checks for all staff including clinical staff and staff who carry out the role of chaperone should have evidence of a Disclosure and Barring Service check.

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

- Implement a planned programme of clinical audit and re-audit.

- Undertake a periodic analysis of significant events and complaints to identify themes and trends so that appropriate action can be taken if required.
- Record a log of complaints, including informal issues or concerns with information of the action taken by practice staff to provide an audit trail and to demonstrate the practice's openness to apologise when things go wrong.
- Maintain an up to date record of staff induction training and a staff training matrix to reflect the training provided.

## Outstanding practice

We saw four areas of outstanding practice:

- The practice had surveyed patients who were children and young people for their views of the GP surgery and how they felt about the treatment and information they received. As a result they had implemented an action plan to improve how the practice communicated to children and young people.
- The practice had a system of peer review for all secondary care referrals. Data supplied by the practice showed the peer review process impacted positively

on the number of referrals they made for patients. For example, the practice referred approximately 150 patients per 1000 for their first outpatient appointment between February 2015 and 2016 compared to the CCG average of approximately 210 patients per 1000.

- The GP had initiated a local scheme with the third sector providers such as AgeUK to seek patient specific ways to support vulnerable people with their physical

## Summary of findings

and mental health care needs. Vulnerable patients benefiting from the pilot scheme included patients with a learning disability and those experiencing a bereavement.

- The practice had won three 'awards' from the Health Protection and Control of Infection Unit at Stockport

Council in 2015-16 for being the highest achieving practice in administering the influenza vaccine to patients considered at risk, to patients over the age of 65 and to children of all ages.

# Dr Raina Patel -The Guywood Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Raina Patel -The Guywood Practice

Dr Raina Patel, The Guywood Practice is part of the NHS Stockport Clinical Commissioning Group (CCG). Dr Patel is the registered provider and is a single handed GP. Services are provided under a general medical services (GMS) contract with NHS England. The practice has 2893 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy (79 and 83 years respectively) in the practice geographical area reflects both the England and CCG averages.

Dr Patel provides full time GP cover at the practice and is supported by a salaried female GP and a female locum GP. The GP is aware of unbalanced gender mix of GPs and has tried to recruit male GPs to the practice. The practice employs a practice manager, a business manager, two part time practice nurses, two part time health care assistant as well as reception and admin staff.

The practice is open from 8.15am Monday to Thursday and 8.30am on Fridays until 8pm Mondays, 7.30pm Tuesdays, 6.30pm Wednesday and Thursday and 7pm on Fridays.

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

The practice provides online access that allows patients to order prescriptions.

The practice building provides ground level access, which is suitable for people with mobility issues. A hearing loop to assist people with hearing impairment is available.

## 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 20 April 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff including the registered provider Dr Raina Patel, the business manager, one practice nurse, two health care assistants and members of the reception team.
- We spoke with one patient, one carer and two members of the patient reference group.
- We observed how reception staff communicated with patients.
- Reviewed a range of records including staff records and environmental records.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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.

- Staff told us they would inform the practice manager or the GP of any incidents and there was a recording form available on the practice's computer system. Every member of staff we spoke with were able to provide examples of significant events that had been discussed with them.
- The practice carried out an analysis of the significant events, although the log of these were not analysed to identify potential trends or themes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Example of significant events investigated included clinical, prescribing and communication.

### 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. The GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP was actively involved in supporting patients living in a local care home where a number of safeguarding issues were being investigated. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Training records such as the training matrix did not reflect the training staff had received.
- 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. However not all staff who carried out this role had evidence available to demonstrate they 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 local authority health protection nurse had undertaken an infection control audit at the practice in April 2016. The practice scored 100% across all areas including: Management, Clinical Practices, Clinical Areas, Domestic Store and Waste Management. The main GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff told us they had received up to date 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Written feedback (April 2016) from the CCG medicines optimisation team confirmed that the practice had robust systems whereby all prescriptions were scrutinised alongside the patient's clinical records before these were signed. This contributed to the practice's prescribing cost being within budget. Blank computer prescription forms and pads were securely stored and there were some systems in place to monitor their use. We discussed with the practice how they could strengthen their systems for monitoring prescription usage. Practice staff responded quickly to these suggestions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed seven personnel files and found that there were gaps in the recruitment checks undertaken prior to employment. For example, some employees in clinical roles did not have evidence that DBS checks had been

## Are services safe?

undertaken prior to employment. There was limited evidence that recruitment checks for locum GPs were undertaken. The practice recognised there were gaps in their recruitment procedures and was taking action to address this. Five days after the inspection the practice supplied evidence of DBS checks for three members of the clinical team.

### 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.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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 GPs had recently attended a 'Hot Topics' (an external training course) medical update which provided the most recent up to date information and guidance on patient care and treatment.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available with a low rate of 2.2% exception reporting for all clinical indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice had consistently achieved 100% of the points available since 2011. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- The practice achieved higher percentages in all the QOF diabetic indicators for 2014-15 when compared to the England averages. For example data for diabetic patients and the HbA1C blood tests showed 84% of patients had received this compared to the national average of 78%. The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 95%. The national average was 78%.

93% of patients registered at the practice received a diabetic foot check compared with the national average of 88% and 100% of patients on the diabetic register had received the influenza vaccination (national average 94%).

- 94% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to 84% nationally.
- 91% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to national data 75%.
- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was better than the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months which was above the national average of 88%.

There was evidence of quality improvement including clinical audit.

- Evidence from two clinical audits was available which demonstrated improvements were implemented and monitored. These included a minor surgery audit to monitor rates of infection, pain and written consent to procedures and an antibiotic review and audit. Data from these audits was used to monitor patient outcomes. The antibiotic audit showed a reduction of antibiotic usage following the initial audit and re-audit. A planned programme of audit and re-audit would strengthen the practice's clinical governance.
- The practice had recently audited the experiences of young people (under eights and over eight years old) who attended the practice and developed an action plan to improve their experiences of attending the GP practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice had a system of peer review for all secondary care referrals. Data supplied by the practice showed the peer review process impacted positively on the number of referrals they made for patients. For example the practice referred approximately 150 patients per 1000 for their first outpatient appointment between February 2015 and 2016 compared to the CCG average of approximately 210 patients per 1000.



# Are services effective?

## (for example, treatment is effective)

- The Clinical Commissioning Group (CCG) recognised the practice as a 'best practice example' in their Primary Care Development end of year report for 2014-15 because the practice had reduced the number of hospital admissions despite an increase in registered patients.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a stable staff team. We heard that there was an induction programme for all newly appointed staff, however we were unable to see evidence of this.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice business manager was undertaking one to one meetings with all staff to identify skills and abilities and to implement personal development plans. The GP held monthly meetings with one practice nurse to provide support.
- Staff told us about the training they had received including safeguarding, fire safety awareness, basic life support and information governance. However records such as the staff training matrix did not reflect the actual training staff had received.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GPs were aware of patients living in care homes who had Deprivation of Liberty Safeguards (DoLS) plans in place or applications pending.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring



# Are services effective?

(for example, treatment is effective)

advice on their diet, smoking and alcohol cessation. The health care assistant was trained to support patients with smoking cessation. Patients were signposted to the relevant services as required.

- The practice's uptake for the cervical screening programme was 86% which was above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The practice had won three 'awards' from the Health Protection and Control of Infection Unit at Stockport

Council in 2015-16 for being the highest achieving practice in administering the influenza vaccine to patients considered at risk, to patients over the age of 65 years and to children of all ages.

- Childhood immunisation rates for the vaccinations given were higher or comparable to the Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 81% and five year olds from 94% to 88%.

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

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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any comments cards back.

We spoke with three patients during the inspection. All three patients had purposely visited the practice to speak with the inspection team. Two patients were member of the Patient participation Group (PPG). They all said they were satisfied with the care they received and thought staff were approachable, committed and caring. They gave examples where staff had supported and assisted them with their specific needs and described the practice as 'going the extra mile'. The practice maintained a log book of where the staff had provided additional support to patients. Examples included staff collecting patient prescriptions, taking a patient home and getting them fish and chips for tea, organising the taking of bloods at the last minute and delivering newspaper to a patient on New Year's Day.

Results from the friends and family test showed that for the three consecutive months January – March 2016 all patient responses were positive in that the majority of responses indicated they were extremely likely to recommend the practice.

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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

The practice ensured vulnerable patients such as those who were housebound or had a long term condition had an agreed plan of care in place. The health care assistant visited patients at home to undertake an assessment of their needs and agree a plan of care. We saw that care plans were recorded for patients with long term conditions, learning disabilities, mental health, palliative care and unplanned admissions.

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.

## Are services caring?

- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and 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 CCG average of 88% the national average of 85%.

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

- Staff had a good awareness of the ethnic diversity of the practice which was mainly white British although staff told that they did have some Polish patients. The GP had initiated contact with Polish patients requesting their interest in participating in joining a Polish support group.
- Staff told us that translation services were available for patients who did not have English as a first language and a hearing loop was available for people with hearing impairment.

### **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 37 patients, which was 1.27% of the patient population who were also carers. Written information was available to direct carers to the various avenues of support available to them.

The practice sent out congratulation cards to all new mums and included the eight week mum and baby appointment with the card.

Staff told us that if families had suffered bereavement, they sent them a sympathy card and offered support in accordance with their requests.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered later evening appointments three evenings each week.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were longer appointments available for patients who were vulnerable or with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The health care assistant visited housebound patients and those identified at risk of unplanned admission to hospital at home. They carried out an assessment and recorded a care plan with the patient and or their carer.
- The practice carried out twice weekly GP visits to a care home to ensure their patients were receiving the most appropriate care. They actively participated in all safeguarding meetings undertaken at the home, if concerns were identified about their patients. In addition the lead GP held monthly meetings with the care home to discuss and review any admissions to hospital.
- The GP had initiated a local scheme with the third sector providers such as AgeUK to seek patient specific ways to support vulnerable people with their physical and mental health care needs. (Third sector providers include charities, voluntary organisations and community groups). Vulnerable patients benefiting from the pilot scheme included patients with a learning disability and those experiencing a bereavement.
- The practice offered an in house counselling service.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 8.15am Monday to Thursday and from 8.30am on Fridays. Later evening appointments were available until 8pm on Mondays, 7.30pm on Tuesdays, and 7pm on Fridays. The practice closed at 6.30pm on Wednesdays and Thursdays.

In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments and some routine appointments were also available each day.

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.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 59% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

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

Information about how to complain was available and easy to understand the complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However the practice had not received any written complaints. Staff told us that patients did raise issues which the staff dealt with immediately. They confirmed that patients were offered the opportunity to complain as per the procedure and it was reported patients refused to do this. However a record logging patient issues and staff responses was not maintained. A log of patient issues would enable the practice to monitor and audit the 'issues' to identify themes and take the most appropriate action.

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

The practice did have evidence that some of the issues identified by patients were investigated under the practice's significant event procedures available. Learning from this was shared with staff and other stakeholders.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practice website and staff knew and understood the values.
- The GP had good insight and awareness of the challenges facing the practice. The practice had recruited the services of a business manager to review the practice's strategy and business plans to ensure it was fit for purpose and reflected the vision and values.

### 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice performance in the Quality and Outcomes Framework (QOF) had consistently achieved 100% of the points available since 2011. The practice had been recognised as a 'best practice example' by keeping emergency hospital admissions down despite an increase in the patient population and monitoring of medicine prescribing enables the practice to remain within budget.
- Clinical audit was used to monitor quality and to make improvements. However a planned programme of clinical audit and re-audit would assist the practice to monitor quality improvements in patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GP had the experience and capability to run the practice and ensure high quality care. The GP had

strengthened their leadership by recruiting the business manager to provide additional support. Staff told us that the GP was visible and approachable and always took the time to listen to all members of staff.

The practice had a "Being Open" policy, which reflected 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). The GP provided examples of where they had face to face or verbal discussions with people which demonstrated the practice acknowledged and apologised to patients when they got things wrong. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. The practice gave affected people support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff could feedback any concerns or raise any issues in person or if they preferred anonymously by use of a staff feedback box. We noted team away days were held every year.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by 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 through surveys. There was a small active PPG, however due to recent ill health the numbers of active participants had reduced. The two members of the PPG met the inspection team and explained their role within the practice. For example one member of the PPG showed us the draft of patient questions prepared for



# Are services well-led?

Good 

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

this year's survey. It was waiting for the GP's final approval before being sent out. Members of the PPG stated they were trying to actively recruit patients to the group but it was difficult. The practice had a dedicated notice board which contained a range of information about the practice and support services. Minutes of PPG meetings and patient feedback questionnaires and actions plans were easily accessible from the practice's website.

- The practice had gathered feedback from staff through the staff feedback box, staff away days and generally through staff meetings, appraisals and day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

## Continuous improvement

The practice was proactive in working collaboratively with multi-disciplinary to improve patients' experiences and to deliver a more effective and compassionate standard of care. The practice worked closely with the Clinical Commissioning Group (CCG).

- The practice team was forward thinking and had initiated a local pilot scheme to link up vulnerable patients with third sector agencies such as charities and voluntary organisations to improve outcomes for patients.
- The practice was trying to establish a Polish community support group.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk and vulnerable patients. Neighbourhood multi-disciplinary team meeting were about to commence.

The practice monitored its performance and benchmarked itself to ensure they provided a safe and effective service.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity                       | Regulation   |
|--|--|
| Diagnostic and screening procedures      | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed<br><br><b>Appropriate employment checks were not carried to ensure the safe and effective recruitment of staff.</b><br><br>Regulation 19 (1)(a)(b), (2)(a), (3)(a)(b) and (4)(a)(b) |
| Family planning services                 |  |
| Maternity and midwifery services         |  |
| Surgical procedures                      |  |
| Treatment of disease, disorder or injury |  |