

# Lime Square Medical Centre

## Quality Report

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Date of inspection visit: 7 March 2017

Date of publication: 13/04/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Lime Square Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lime Square Medical Centre on 7 March 2017. Overall the practice is now rated as good.

The practice had been previously inspected on 31 May 2016. Following this inspection the practice was rated inadequate with the following domain ratings:

Safe – Requires improvement

Effective – Inadequate

Caring – Requires improvement

Responsive – Requires improvement

Well-led – Inadequate

The practice was placed in special measures.

The practice provided us with an action plan detailing how they were going to make the required improvements. In addition, they wrote to us with updates on progress and actions that had been addressed.

Our key findings from the most recent inspection were as follows:

- Following the inspection on the 31 May 2016, the practice had worked closely with the Northern Health GP Federation, who provided support to the practice by working closely with the clinicians and senior staff to develop improvement solutions and review patient services.
- The practice had a clear process in place to review, monitor and reduce the quantity of prescribed Hypnotic medicines, which can be addictive.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. For example, we saw a significant increase in care plans for all vulnerable patients groups.
- Clinical meetings had been established and we saw evidence of minutes of these meetings.
- The practice had very recently joined Beacon Medical Group, a cluster of practices which provided a support network for clinical and non-clinical staff.

# Summary of findings

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events with learning outcomes documented.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. Staff told us morale was good.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However, scores relating to waiting times to see the clinicians were low.
- Information about services and how to complain were available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Ensure that confidentiality is maintained in the staffing meeting area and adjacent consulting rooms.
- Continue to review the waiting times and appointment system action plan, to enhance patient experience of access to services.
- Revisit the processes in relation to the medication review dates and repeat prescribing policy.

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

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- A policy and system for all hypnotic medicines prescribed had been implemented, and there was a dedicated lead clinician.
- A programme of clinical and non-clinical meetings had been established and maintained since our previous inspection, with standard agenda items discussed such as patient safety alerts.
- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw personalised support from the safeguarding lead to family members and individuals, with a clear communication process between staff members.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. This also showed an increase by 24 % since the previous inspection.
- Monitoring of risk assessments, care plans and patient profiling were maintained by clinicians. We saw a significant increase in the number of care plans with evidence of these being reviewed, recorded and updated.
- Staff were aware of current evidence based guidance.
- Clinical audits had been carried out, but no two cycle audits had been completed. This had been identified by the practice and a programme of full cycle audits for the year ahead, had been developed.

# Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Multidisciplinary working was taking place and records of multidisciplinary meetings were kept to ensure all professionals were able to access information about patients with complex needs. The practice was a member of the North Manchester Integrated Neighbourhood Care Team (NMINC) which worked together to support patients.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- The GPs had appointments on Sundays dedicated to carers. The practice had identified this need by working with and supporting carers.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was 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 requires improvement for providing responsive services.

**Requires improvement**



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, they were part of a local GP Alliance which provided access to extended hours appointments available at a choice of sites.
- The practice had a free phone service in the waiting room, direct to a Citizens' Advice helpline, to help patients with any social issues or information required.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

# Summary of findings

- Patients told us they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from reviews showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

**Good**



- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We reviewed and saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

# 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 had identified 2% of patients at higher risk of unplanned admission to hospital, and each of these patients had a care plan in place which was regularly reviewed.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

### 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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- All these patients had a named GP and there was a system to recall patients for 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.

### Families, children and young people

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

Good



# Summary of findings

- 79% of patients with asthma had an asthma review completed in the preceding 12 months, compared to the CCG average of 75% and national average of 76%.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- 76% of eligible women had received a cervical screening test in the preceding five years, compared to the CCG average of 78% and national average of 81%.
- Appointments were available outside of school hours. Baby changing facilities were available and a room could be made available for women wishing to breast feed their babies.

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

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice had dedicated Sunday appointments for all working carers.
- There was additional out of working hour's access to meet the needs of working age patients with extended opening hours every Tuesday and Thursday open from 7am.
- 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.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and provide home visits for reviews where required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good





# Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice carried out advance care planning for patients living with dementia.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average 87% and the national average of 84%. Increase of 48 % from the previous inspection.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 312 survey forms were distributed and 115 were returned. This represented 2% of the practice's patient list.

- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 56% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%.
- 47% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.

The practice were aware of the low GP patient survey results and had formulated an action plan to help

increase these figures. The Patient Participation Group (PPG) were also aware and had already had discussions on how they could support the practice to increase these figures.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards. Of these 21 were positive about the standard of care received. Staff were cited as 'friendly,' helpful and 'kind'. All the cards contained positive comments in relation to the service received from the practice, although four cards contained comments expressing frustration or lack of satisfaction with the appointment system.

We spoke with two patients during the inspection. Both said they were satisfied with the care they received and thought staff were kind and caring.

The practice took part in the friends and families test.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Ensure that confidentiality is maintained in the staffing meeting area and adjacent consulting rooms.
- Continue to review the waiting times and appointment system action plan, to enhance patient experience of access to services.
- Revisit the processes in relation to the medication review dates and repeat prescribing policy.

# Lime Square Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Lime Square Medical Centre

Lime Square Medical Centre is located close to Manchester City centre. The practice is situated in a modern purpose built retail complex. All services are delivered on the first floor of the building with disabled access from the ground floor available. There is multiple parking available to patients.

At the time of our inspection there were 6102 patients registered with the practice. The practice is a member of North Manchester Clinical Commissioning Group (CCG). The practice delivers commissioned services under the General Medical Services (GMS) contract with NHS England.

The male life expectancy for the area is 75 years compared with the CCG averages of 73 years and the national average of 79 years. The female life expectancy for the area is 80 years compared with the CCG averages of 78 years and the national average of 83 years.

The practice is situated in an area at number one on the deprivation scale (the lower the number, the higher the deprivation). People living in more deprived areas tend to have greater need for health services. The majority of patients are white British with the practice seeing an increase in patients of black and minority ethnic group.

The practice has four male GP partners and one part time female salaried GP. There are two practice nurses and one healthcare assistant. Members of clinical staff are supported by a part time practice manager and reception staff.

There have been multiple changes over the nine months prior to our inspection. The practice has employed a permanent practice manager and have recently joined a network of eight other practices. This group forms a support network for clinical and non-clinical staff, where they share ideas, learning, and discuss events.

The practice is open 8am to 6.30pm Monday and Friday, Tuesday and Thursday being open 7am to 6.30pm. Every Wednesday the practice opens at 8am and closes at 1pm. The practice is closed daily between 1pm and 2pm. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are available for patients that need them. The practice also offers extended hours and weekend appointments to patients.

Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery also is part of a neighbourhood scheme for Sunday appointments between the hours of 10am and 6pm.

## 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, on

# Detailed findings

31 May 2016, as part of our regulatory functions. The inspection found that the practice was not meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This second comprehensive inspection, carried out on 7 March 2017, was undertaken to assess the progress the practice had made to meet the regulations and to provide an updated rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations and key stakeholders such as North Manchester Clinical Commissioning Group (CCG) to share what they knew about the practice.

We reviewed policies, procedures and other relevant information the practice provided before the day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF), national GP patient survey and the NHS Friends and Family Test (FFT). We carried out an announced visit on 7 March 2017.

During our visit we:

- Spoke with a range of staff, GPs, practice nurse, practice manager and administration staff.
- Also spoke with two patients who used the service.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a number of policies and processes.
- Spoke with two member of the patient participation group (PPG).

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

When we inspected the practice on 31 May 2016 there were a number of issues affecting the delivery of safe services to patients. At that time we rated the practice as inadequate. We found then that there were no systems or processes in place to ensure patient safety regarding prescribing of hypnotic medicines which could be addictive. There were also no clear processes for acting on patient safety alerts. The practice did not follow Patient Specific Directions (PSD) allowing the healthcare assistant to administer vaccinations.

These arrangements had significantly improved when we undertook a follow up inspection on 7 March 2017. The provider is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### 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 for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. We saw positive examples of weekly team meetings taking place with the lead GP and examples of direct personal support to families and individual patients from the lead GP.
- Patient safety alerts were cascaded to all clinical staff on a regular basis. We saw evidence of these being discussed at the practice meetings.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We were told the meetings and information shared by the safeguarding lead to staff was helpful and informative.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice nurse working closely with a practice nurse from a nearby practice to share learnings and processes.

## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. During the inspection we noticed that the repeat prescriptions box showed a few prescriptions with overdue review dates for repeat medicines. At feedback given at the end of the inspection, we left the patients details and the practice told us they would take appropriate action immediately.
- The practice is high prescribers of Hypnotic medicines which could be addictive. There was a clear process in place to review, monitor and reduce the amount prescribed. We saw evidence of a Hypnotic medicine register held in practice that was overseen by a designated clinical lead. Clinical audits had been performed in relation to hypnotic medicine prescribing and face to face reviews of all patients receiving the medicine had been completed. These medicines were no longer available on repeat prescriptions. We were told the face to face reviews had successfully seen two patients reduce and stop taking the medicine. Posters were in the waiting room advising patients of the practice policy and process for requesting this medicine.
- Patient Group Directions (PGD) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The practice health care assistant did not provide any vaccinations to patients.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. For example, on the day of the inspection, one member of staff could not attend their shift. The practice had recently merged with a larger cluster of local practices, which resulted in two temporary staff from a neighbouring practice being able to cover the shift. We saw evidence that both staff members signing a confidentiality policy prior to starting the shift.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements 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.

## Are services safe?

- 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 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

Our inspection of 31 May 2016 found that full information needed to plan and deliver care and treatment was not completed in patient records. There were no documented care plans developed for patients on the practice's palliative care and learning disabilities register. There were no clinical reviews taking place of patients who have been discharged from hospital or attended accident emergency. Risk assessments and patient profiling were not maintained by clinicians and there had been no regular clinical meetings taking place. Patients with learning disabilities had not received a clinical review for approximately two years and the clinical staff were unaware of the learning disability register.

These arrangements had significantly improved when we undertook a follow up inspection on 7 March 2017. The provider is now rated as good for providing effective services.

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception rate was 4.9 % lower than the CCG or

national averages. (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).

Since the previous inspection there had been a 24% increase in the overall Quality and Outcomes Framework (QOF) performance.

This practice was not an outlier for any QOF (or other national) clinical targets.

- 78% of patients diagnosed with dementia had a care plan had been reviewed in a face-to-face review in the preceding 12 months, compared to the CCG average 87% and the national average of 84%. This was an increase of 48% from the previous inspection
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016 ) was 81% compared to the CCG average 77% and the national average of 78%.

There was evidence of quality improvement including clinical audit:

- There had been multiple single cycle audits completed, there were plans for these to be fully completed two cycle audits. We did see one audit which resulted in the reduction of the amount of Benzodiazepines (group of medicines used to treat anxiety and agitation but can also be addictive) prescribed in practice.
- The practice had produced a future audit plan, which included completing the full audit cycle.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We were shown examples of multiple care plans developed since the previous inspection. The practice believed the increase number of care plans had resulted in a dramatic fall in patient's attendance into accident and emergency since the care planning started. For example, we reviewed data collections from September 2016 where forty six patients had attended accident and emergency. The table showed a steady decline month on month, with the latest figure February 2017, showing just one patient had attended.
- There were documented care plans developed for patients on the practice's palliative care and learning disabilities register, with clinical reviews taking place of patients who had been discharged from hospital, attended accident emergency or had mental health issues. For example, there was an increase of 45% in the palliative care plans, taking this from 25% to 76% since our previous inspection with the clinicians taking responsibility and knowing the patients on discussions.
- Dementia care plans had increased to 78%, which was an overall increase of 48% since the previous inspection.

- A system was in place for hospital discharge letters and specimen results were reviewed by a GP who would initiate the appropriate action in response.
- We identified risk assessments and patient profiling were maintained by clinicians and saw that regular clinical meetings were in place, documented and shared when appropriate.
- From the sample of documented examples we reviewed, we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 80% to 86% and five year olds from 84% to 98%.

The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 78% and the national average of 81%. There was a policy to offer

telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard in the main consultation area. However, in the staff room there was one consultation room used by staff where conversations could be overheard in the staff room. This was fed back to the practice at the end of inspection.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

21 of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients expressed concerns over the waiting times to be seen by a clinician.

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

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

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

- 84% of patients said the GP gave them enough time compared similar to the CCG average of 84% and the national average of 87%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 85% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 91%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 67% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 89%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients with a learning disability received a home visit when required from clinicians, where reviews or tests were performed.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 below local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

## Are services caring?

- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%. The practice had employed a second nurse from the previous inspection.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A patient and carer support board was available in reception, to help patients 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. For example, there was a free phone direct to citizen's advice helpline available to all patients in the quieter area of the waiting room. 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 76 patients as carers (1.2 % of the practice list). The practice recognised that they had a low number of identified carers and had established a partnership with the Manchester Carers Forum (MCF), offering carers signposting services, health checks and dedicated Sunday appointments. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The GPs had appointments for carers on Sundays. The need for these had been identified by working and supporting carers.
- The practice was awarded the "Pride in Practice" award which is a quality assurance service that strengthens and develops relationships with lesbian, gay, bisexual and transgender patients within the local community.
- The practice offered extended hours on Tuesday and Thursday mornings from 7am for working patients who could not attend during normal opening hours.
- The practice was part of the North Manchester Integrated Neighbourhood Care Team (NMINC) which was about working together to support patients who had health or social care problems/concerns/difficulties and would benefit from a multidisciplinary approach to health and social care delivery.
- The GP and one member of staff were involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- There were longer appointments available and home visits for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

### Access to the service

The practice was open 8am to 6.30pm Monday and Friday, Tuesday and Thursday being open 7am to 6.30pm.

Every Wednesday the practice opened at 8am and closed at 1pm. Appointments were from 9am until 6pm, and from 7am during the extended opening hours. Extended hours appointments were offered on Tuesdays and Thursday from 7am weekdays and every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Dedicated Sunday appointments were available for all carers.

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

- 77% of patients said their last appointment was convenient, compared with the clinical commissioning group (CCG) average of 89% and the national average of 92%.
- 47% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 71% and the national average of 73%.
- 56% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 51% of patients described their experience of making an appointment as good compared with the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 25% of patients said they don't normally have to wait too long to be seen compared with the clinical commissioning group (CCG) average of 50% and the national average of 58%.

The practice was aware of the low satisfaction regarding access to appointments and waiting times. We were provided with an action plan which had been developed by the practice and plans were in place to resolve these issues. This was confirmed during the inspection by other members of staff we spoke to. Also the PPG members had told us of their plans to help the practice and patients address these issues.

The practice had a system to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.



# Are services well-led?

Good 

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

## Our findings

Our inspection of 31 May 2016 found a number of policies were not fully embedded to assess the effectiveness of the systems. The monitoring of risk assessments around care planning were not maintained by clinicians. No clinical meetings were in place for significant event reviews and general clinical discussions. There was a lack of internal checks and audits to monitor the quality of the services and make improvements

These arrangements had significantly improved when we undertook a follow up inspection on 7 March 2017. The provider is now rated as good for providing effective services.

### 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 and patient charter which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. This had been developed and maintained since our previous inspection with all partners being involved in the new plans.

### 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas of care planning and safeguarding with regular documented meetings and learning recorded.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly with clinicians and administrative staff.
- A comprehensive understanding of the performance of the practice was maintained. Multiple full practice meetings and clinical meetings were held throughout the month, which provided an opportunity for staff to learn about the performance of the practice.

- A programme of clinical and internal audit was used to monitor quality and to make improvements. We saw multiple examples of audits and a future programme of upcoming clinical audits. However, none of these audits was a completed cycle.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was clear clinic support in managing and maintaining the programme of care planning and monitoring.
- We saw evidence from minutes of a meeting's structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff also commented that there had been positive changes made since the previous inspection with staff moral being good and governance and communication had improved.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documents we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure and staff felt supported by management.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

# Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback, for example:

- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG asked for a board in the waiting area to inform patients of the number of patients that did not attend their appointments. The practice also provided music in the waiting area from one suggestion from the PPG.
- There were 10 members and the group was trying to encourage younger participants to join. We met with two members of the PPG and they said they had been

involved in discussing the previous inspection report with the practice. They felt valued by the practice and said that all their suggestions for improvement were considered and actioned. They also developed a patient satisfaction surveys.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. All staff had been involved in the improvement plan following the inspection in May 2016.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice acknowledged they had to continue the framework that had been established and to enhance the practice further. They had recently joined a network of eight practices in the surrounding area. The aim of this group is to provide a support network for clinical and non-clinical staff where a forum of sharing ideas and learning for all staff are maintained.