

# The Maples Medical Centre

## 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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

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	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Maples Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Maples Medical Centre, 2 Scout drive, Newall Green, Manchester, M23 2SY on 14 November 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.

- 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 several areas of outstanding practice:

The practice had a focus on social initiatives to improve social isolation for vulnerable patients. They supported community services such as, the NewLife opportunities centre. The centre offered access to sports pitches, a recording studio, and a hall for events and dancing for the people of Wythenshawe. The practice also hosted the weekly Brush & Brew sessions which were held at the branch practice (The Lakes). GPs were able to refer patients to Brush & Brew which is a therapy programme aimed at promoting wellbeing for patients in the area.

# Summary of findings

The practice launched the local TimeBank service and there was a weekly meeting held at The Maples. This meeting was open to patients and members of the local community. TimeBank provided a mentoring service and worked with businesses to engage their staff in volunteering to support vulnerable patients and people in the community.

The practice was working closely with staff from Healthy Manchester who liaised with the practice on a quarterly basis. GPs made referrals to this eight week telephone based service. The service helped patients to manage their condition and where possible supported them back into employment. Data provided by the practice and Healthy Manchester showed The Maples had referred 55 patients which was the highest referral rate in Greater Manchester.

One of the GPs held teaching a recent teaching session at a local dementia care service on basic observations such as; urine dip testing. This assisted staff with identifying

and expediting treatment for patients who had urinary tract infections. Since the training staff have contacted the practice with results of a dip test and correctly identified early a patient who required antibiotic treatment.

The areas where the provider should make improvement are:

- Establish an ongoing programme of clinical audit to demonstrate quality improvement relating to the outcomes for patients.
- Obtain a set of paediatric defibrillator pads for use on children.
- Include information about the parliamentary health service ombudsman (PHSO) in final complaint response letters.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, and we saw examples of audits that had produced positive outcomes in patient care and treatment. We saw one that had been conducted over two cycles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had identified a low prevalence of chronic obstructive pulmonary disease (COPD) and had taken part in a Macmillan cancer improvement partnership (MCIP) project. The study carried out over a period of four months had identified a further 40 patients with COPD.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Outstanding



## 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.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out osteoporosis risk assessments by actively following up patients with fragility fracture. The practice had conducted an audit regarding bisphosphonate use and osteoporosis. Bisphosphonate is a drug that prevents the loss of bone mass and is used to treat osteoporosis and similar diseases.
- Care plans were developed for patients that included hospital admissions avoidance, advance care plans, dementia and end of life care plans.

### People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had begun working with the Primary Care Out-Reach Team (a pilot in South Manchester) aimed at improving outcomes for patients with long term conditions. This work was focussing on patients with diabetes, asthma and chronic obstructive pulmonary disease (COPD).
- Patients with COPD had self-management plans, access to medication at home for acute exacerbations and access to pulmonary rehab.
- The practice had identified 40 additional patients with COPD in the last four months working with the Macmillan cancer improvement partnership (MCIP) project.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 74% (01/04/2015 to 31/03/2016) which was comparable with the CCG and national average of 77% and 77% respectively.

# Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 75% which was comparable to the CCG and national average of 77% 78% respectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had alerts and coding systems in place to identify children and families who were a safeguarding concern or on the safeguarding register.
- 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.
- 92% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) which was better than the CCG and national average of 83% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice website had information for children and families and used social media to engage with younger patients.

Good



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

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

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Patients who had been identified as carers were offered flu immunisations and health checks to assess their physical and mental health to enable them to continue to provide care.
- The practice launched the local TimeBank service and there was a weekly meeting held at The Maples.
- The practice hosted the weekly Brush & Brew sessions which were held at the branch practice (The Lakes).
- The practice was working closely with staff from Healthy Manchester who visited the practice on a regular basis.

Outstanding



## 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).

- 83% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.

Good



# Summary of findings

- 63% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) which was below the CCG and national average of 86% and 90% respectively.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 91% which was better than the CCG and national average of 87% and 88% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The GPs provided support and education to staff at a local assisted living unit for people with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Patients presenting at the practice in a distressed condition were seen as a priority.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 348 survey forms were distributed and 110 were returned. This represented a response rate of 31.6% and just over 1% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone which was higher than the CCG average of 63% and national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 75%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% 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. 27 comment cards were positive about the standard of care received, comments included plenty of information given, very thorough, exemplary, go the extra mile, staff understanding and staff helpful, polite and supportive. Five cards stated there was a lack of GPs and that that patients saw a nurse rather than a GP.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The NHS Friends and Families test results for 2015/16 showed that 76% of respondents were

extremely likely or likely to recommend the practice to friends and family.

# The Maples Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and supported by a GP specialist adviser.

## Background to The Maples Medical Centre

The Maples Medical Centre, 2 Scout Drive, Newall Green, Manchester is registered to provide services from a branch surgery located at: The Lakes, 53c Mainwood Road, Timperley WA15 7JW.

It provides primary care services to 8165 patients under a General Medical Services (GMS) contract. The Maples Medical Centre is situated in a purpose built property in a residential area of Wythenshawe, Manchester. There is onsite parking available and good access to local transport links.

The practice has four GP partners (one male and three female). The clinical team includes two advanced nurse practitioners, two practice nurses and two health care assistants, all of whom are female. The practice management and administration team consists of a practice administrator, two secretaries and 10 receptionists.

The practice supported medical students and qualified doctors who wished to become GPs.

The practice population demographic shows there is a lower than average patient population aged between 60 to 85 years and higher than average patient population aged between 20 to 40 years compared with local and national averages.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Average male and female life expectancy for the practice is 75 years (m) and 79 years (f), which is similar to the national average of 79 and 83 respectively.

The practice is open from 8.30am to 6.30pm Monday to Friday with the telephone lines opening at 8am. The practice phone lines are diverted to the out of hour's service on a Thursday afternoon although the practice remains open for appointments.

When the practice is closed patients have access to GotoDoc the local out of hours provider. Alternatively patients can access urgent care by contacting the NHS 111 service.

## 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.

# Detailed findings

## 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 14 November 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse and administration/reception staff and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

## Are services safe?

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. There were no paediatric pads for the defibrillator, the provider confirmed a set would be obtained.
- 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 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 2015-2016 were 88% of the total number of points available.

On the day of the inspection the practice submitted unverified data for the current year to show they had achieved 96% of the total QOF points available.

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

Performance for diabetes related indicators was similar to the national average.

- The percentage of patients with diabetes, on the register, had a reading of IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 1/03/2016), was 75% which was comparable with the CCG and national average of 77% and 78% respectively.
- 74% of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) which was broadly in line with the CCG and national average of 76% and 77% respectively.
- 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 75% which was comparable to the CCG and national average of 77% 78% respectively.

Performance for mental health related indicators was better than or similar to the national average.

- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was better than the CCG and national average of 87% and 88% respectively.
- 83% of patients diagnosed with dementia who had their care reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) which was similar to the CCG and national average of 84% and 84%.

The number of emergency admissions per 1000 patients was 32 which was higher than the CCG average of 20. The practice had reviewed why the A&E attendance rates and emergency admissions were higher. They told us some of this was due to the close proximity of the local A&E department. Recent unvalidated figures submitted by the practice for 2016/2017 showed this had reduced to 29 patients per 1000. All patients diagnosed with COPD were given a self-management plan with particular reference to rescue medication. Patients had access to medicines at home for acute exacerbations of their condition and had access to pulmonary rehabilitation. Patients told us this had led improved symptom control and less hospital admissions for them over the last year.

There was evidence of quality improvement including clinical audit. For example, The practice had recently reviewed their management of COPD and this led to patients being more involved in their own care. The medicines kept in the patients home enabled them to more easily manage their condition and have fewer emergency hospital admissions.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There had been two clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and



# Are services effective?

## (for example, treatment is effective)

monitored. There had been a full cycle audit of cervical smears carried out. This showed only one out of 338 smears taken was inadequate which was significantly below the CCG average.

- There was an audit of new oral anticoagulants (NOACs a medicine prescribed to patients with atrial fibrillation). The audit showed of 21 patients one did not have a clear start date recorded and two had not had their renal function tested.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a telephone triage system whereby patients had same day access to speak to a GP or advanced nurse practitioner (ANP) via telephone. If an appointment was needed this was provided on the same day. All of the patients we spoke with told us this had greatly improved access to a GP or ANP.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the 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.

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

### Coordinating patient care and information sharing

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

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

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

### 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

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

# Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service.
- The practice worked with community services such as; district nurses, health visitors and diabetic and respiratory services.

92% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2015 to 31/03/2016) which was better than the CCG and national average of 83% and 82% respectively. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to

attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to children aged up to 12 months old ranged from 83% to 90% and five year olds from 68% to 92%.

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.

Of the 27 patient Care Quality Commission comment cards we received 22 were positive about the service experienced and five contained some negative comments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Negative comments related to the length of time patients were waiting to be called in to the GP once they arrived at the practice.

We spoke with four members of the patient participation group (PPG). They also told us they were 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 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 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 89.1% and the national average of 87%.
- 96% 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%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to 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 and national average of 90% and 91% respectively.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

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

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission or had multiple long term health conditions.

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 better than local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

## Are services caring?

- Information about various support groups was available on the practice website.

### **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 34 patients as

carers (1% of the practice list). All carers were invited for an annual health check with the health care assistant. Written information was available to direct carers to the various avenues of support available to them.

We found that that patient needs and preferences were central to the practice systems to ensure flexibility, choice and continuity of care. For example, two advanced nurse practitioners looked after vulnerable patients, completed care plans and carried out home visits as required. They worked in partnership with community services such as Macmillan nurses, district nurses and social services.

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



# 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.

To ensure those patients with multiple long term conditions had access to holistic reviews the practice had implemented a system of calling patients for a review in the same month as their birthday.

The practice had begun working with the Primary Care Out-Reach Team (a pilot in South Manchester) in order to improve outcomes for patients with long term conditions. This work was focussed on patients with diabetes, asthma and chronic obstructive pulmonary disease (COPD). All patients diagnosed with COPD were given a self-management plan with particular reference to rescue medication. Patients had access to medicines at home for acute exacerbations of their condition and had access to pulmonary rehabilitation. Patients told us this has led improved symptom control and less hospital admissions for them over the last year. Data submitted by the practice but unvalidated, showed a reduction in emergency admissions to hospital in the last 12 months from 32 per 1000 patients to 29 per 1000 patients.

There were two pharmacists employed within the practice team. The pharmacists were carrying out medication reviews to ensure medicines were being taken in accordance with directions and to reduce waste by ensuring patients were not taking unnecessary medicines.

The practice supported community services such as, the NewLife opportunities centre. The centre offered access to sports pitches, a recording studio, and a hall for events and dancing for the people of Wythenshawe. The practice also hosted the weekly Brush & Brew sessions which were held at the branch practice (The Lakes). GPs were able to refer patients to Brush & Brew which was a therapy programme aimed at promoting wellbeing into patients in the area.

The practice values were underpinned by concern and understanding that extended to providing social assistance for the local community. The practice launched the local TimeBank service and there was a meeting at The Maples

every Thursday from 2pm. This meeting was open to patients and members of the local community. TimeBank provided a mentoring service and worked with businesses to engage their staff in volunteering to support patients and people in the community.

The practice was working with Healthy Manchester. GPs made referrals to this eight week telephone based service. The service helped patients to manage their condition and where possible supported them back into employment. Data provided by the practice and Healthy Manchester showed The Maples had referred 55 patients which was the highest referral rate in Greater Manchester. Examples of how this had impacted on the health and wellbeing of those patients was; 11 had secured job interviews, four had taken on voluntary work, eight had moved into education and seven reported increased confidence levels.

One of the GPs held teaching sessions on basic observations at a local dementia care service to help promote healthcare awareness. This included urine dip testing that assisted staff with identifying and expediting treatment for patients who had urinary tract infections.

- The practice used social media to promote healthy living amongst younger patients. This was a person friendly service, accessible to all young people. There was evidence to demonstrate that younger patients accessed the sites, we saw 41 patients had 'liked' the content that included information about the flu campaign and free courses within the community.
- There were longer appointments available for patients with a learning disability.
- There was collaborative working with other health and social care professionals.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice participated in social prescribing as a way to link patients in primary care with sources of support



# Are services responsive to people's needs?

## (for example, to feedback?)

within the community. It provided the practice with a non-medical referral option that could operate alongside existing treatments to improve health and well-being.

- The practice had identified 140 patients (1.73% of the practice population) who were considered to be at risk of emergency hospital admission. These patients were reviewed weekly by the clinical team.

The practice maintained a register of patients requiring palliative care; there were 87 patients on the register. The practice held monthly meetings with the Macmillan nurses and district nurses to discuss the care needs of these patients. We found the list was held in reception so all staff were aware of which patients were receiving palliative care. The list contained a very comprehensive checklist to identify patients with a do not attempt cardiovascular resuscitation (DNACVR) in place, an advanced care plan and any serious untoward incidents (SUI).

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 1.30pm to 6pm daily. The practice offered GP extended hour's surgeries on the first and third Monday of the month, two Thursdays a month and the second and fourth Fridays of the month. On these evenings the practice was open until 8pm for working patients who could not attend during normal opening hours. Nurse appointment extended hours were planned for the new year. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The practice regularly monitored the demand on the service and the number of appointments available and the appointment system had evolved over the last few years in response to patient demand. The practice used a GP/advanced nurse practitioner (ANP) triage system, in which a GP/ANP would telephone the patient or carer to gather information to allow an informed decision to be made on prioritisation according to clinical need. Patients were either offered advice or asked to attend the surgery to be seen by one of the clinical staff.

The practice employed two advanced nurse practitioners who looked after vulnerable patients, completed care plans and carried out home visits as required. They worked in partnership with community services such as Macmillan nurses, district nurses and social services.

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.

When the practice was closed patients were able to access care and treatment via GotoDoc the local out of hours service. Patients could access phone advice, appointments at the GP centre in Wythenshawe Forum or at Manchester Royal Infirmary or if necessary could request home visits.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

A hearing loop system was available to support people who were deaf or had difficulty hearing.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there were posters displayed and a summary leaflet was



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

available. The leaflet gave information about other agencies such as the parliamentary health service ombudsman (PHSO). However, we found that this information was not included in the final letter sent to patients following a complaint.

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



# 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 in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had recently introduced an 'employee of the month' award to recognise staff contributions and to demonstrate that staff were valued by the partners.

There was a practice manager vacancy at the time of the inspection which was advertised. Interim arrangements were in place, the practice administrator was acting as practice manager with support from the partners and an experienced practice manager from the out of hours provider.

### 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 and complaints received. The practice administrator would always attend the PPG meetings, and a GP would usually try to be present. The PPG met



# Are services well-led?

Good 

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The system for calling patients in to see the GP had been changed to ensure patients with visual impairment were able to identify when they were being called. The old system used lights this was changed to a buzzer or the GP coming into the waiting room and calling the patients by name.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice participated in the national pharmacy pilot, two pharmacists were employed within the practice team. The practice had developed the nurse practitioner roles in order to improve access to appointments. There were plans to invite a consultant psychiatrist to attend the practice to hold regular clinical sessions for patients and advise the clinical team.