

Irlam Group Practice

Quality Report

523 Liverpool Road
Irlam
Salford
M44 6ZS

Tel: 0161 7761000

Website: www.irlamgrouppractice.nhs.uk

Date of inspection visit: 27 January 2016

Date of publication: 22/03/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Irlam Group Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Irlam Group Practice on 27 January 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Most risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were available on the day they were requested but some patients told us it could sometimes be difficult getting an urgent appointment.

- The practice had a number of policies and procedures to govern activity, but some were incomplete and overdue a review.

The areas where the provider must make improvements are:

- Ensure all emergency medicines and other clinical consumables are in date.
- Ensure that the calibration of equipment is performed as per the manufacturers recommendations and that there is a system in place to identify when this needs to be performed.
- Ensure effective recruitment checks and induction arrangements are in place for all staff.
- Ensure the practice has an up to date business continuity plan and all staff are familiar with its contents.
- Ensure there are effective governance systems in place to identify and manage risks in order to protect service users and practice staff (by ensuring all risk assessments are in place such control of substances hazardous to health, fire safety and legionella).

Summary of findings

In addition the provider should:

- Review the infection control policy to ensure that it is sufficiently detailed and specific to the needs of the practice.

- Review the fire risk assessment policy and ensure that it is up to date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. People did not always receive a verbal and written apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

· The main areas of concern related to recruitment checks, incomplete policies that were lacking in enough detail to be effective and a lack of a business continuity plan.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or below the national average. For example, The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 62% compared to the national average of 84%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care. For example, 100% of respondents had confidence in the last nurse they spoke to compared to the CCG average of 97%.
- 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 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 Salford Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments usually available the same day.
- 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.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were incomplete and overdue a review.
- The practice was advertising for patients to join the patient participation group, but as of yet had yet to recruit any members.
- There were some non-clinical staff who had not yet received an induction when joining the practice.
- The practice did not have a business continuity plan which left them ill-equipped to deal with emergencies or unexpected disruptions to service.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- 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.
- Nationally reported data showed that outcomes for patients in older people were mixed. For example, The percentage of patients aged 65 and older who have received a seasonal flu vaccination was 79% compared to the national average of 73%.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were invited 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- 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. For example, immunisation rates for 5 year olds ranged from 94%-100%.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people, however the practice lacked dedicated baby changing facilities.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- 62% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing generally in line with local and national averages. There were 295 survey forms distributed and 124 were returned. This represented 3% of the practice's patient list and a response rate of 42%.

- 64% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).

- 94% say the last nurse they saw or spoke to was good at giving them enough time (CCG average 93%, national average 92%).
- 79% feel they don't normally have to wait too long to be seen (CCG average 61%, national average 58%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients described the staff as helpful and caring.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. Some patients did mention that they could not always get an appointment at a convenient time.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all emergency medicines and other clinical consumables are in date.
- Ensure that the calibration of equipment is performed as per the manufacturers recommendations and that there is a system in place to identify when this needs to be performed.
- Ensure effective recruitment checks and induction arrangements are in place for all staff.
- Ensure the practice has an up to date business continuity plan and all staff are familiar with its contents.

- Ensure there are effective governance systems in place to identify and manage risks in order to protect service users and practice staff (by ensuring all risk assessments are in place such control of substances hazardous to health, fire safety and legionella).

Action the service **SHOULD** take to improve

- Review the infection control policy to ensure that it is sufficiently detailed and specific to the needs of the practice.
- Review the fire risk assessment policy and ensure that it is up to date.

Irlam Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Irlam Group Practice

Irlam Group Practice is a GP practice located in Salford. The address of the practice is 523 Liverpool Road, Irlam, Salford, M44 6ZS.

It has good parking facilities and is easily accessed through public transport. It is a single story building and all parts of the building are easily accessible. The practice has approximately 4100 registered patients.

The practice has two male GP partners, a female practice nurse who works part time, a female assistant nurse practitioner, a business manager and a practice manager, as well as a team of administration staff.

The practice operates under a General Medical Services contract.

The surgery is open from 8am until 6.30pm every Monday, Tuesday, Thursday, Friday and until 12.30pm on a Wednesday. Extended opening hours are on a Monday until 8.30pm.

Appointment times are:

Monday 8.30am-11am and 3pm-8pm, Tuesday 8.30am-11am and 2.30pm – 5.30pm, Wednesday 8.30am-9.30am, Thursday 8.30am-11am and 2.30pm – 5pm, Friday 8.30am-11am and 2pm – 5pm.

Outside of opening hours patients are diverted to the 111 out of hours service.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 January 2016. During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse, an assistant practitioner, administration staff and we spoke with patients who used the service.
- Observed how patients were being cared.

Detailed findings

- 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 inconsistent 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 practice carried out analysis of significant events. However not all significant events had a definite conclusion and required further investigation.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a prescription error occurred where a patient was given a prescription for another patient with the same date of birth. The investigation showed that a mistake had been made when booking the patient onto the system. Staff were informed to take extra care in the future to prevent the mistake happening again.

In line with the Duty of Candour when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had some 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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to 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 but two members of staff acting as chaperones had not received a Disclosure and Barring Service check (DBS check) and nor had a risk assessment been performed. (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. We found that staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We observed out of date testing strips used for testing urine samples. The practice disposed of these straight away and that they would be replaced with in date testing strips.
- The arrangements for managing medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition
- The practice had a system for production of Patient Specific Directions (PSD) to enable the assistant practitioner to administer vaccinations after specific training and when a doctor or nurse was on the premises. A PSD is a written instruction from a doctor or other independent prescriber for a medicine to be supplied or administered to a named patient.
- We reviewed nine personnel training files and found that staff had received appropriate training for their role. There were two new starters to the practice who had not yet received an induction to the practice.
- We were unable to see if recruitment checks had been undertaken prior to employment due to a lack of access to files that were locked away and the key was

Are services safe?

unavailable. We did see evidence of DBS for four members of staff. Two new starters had informed us that they had chaperone duties and were yet to have a DBS check or that there was a risk assessment in place.

- 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.

Monitoring risks to patients

Risks to patients were sometimes assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. We did not see evidence of an up to date fire risk assessment but staff did tell us that regular fire drills were carried out.
- We found that clinical equipment calibrations were out of date and had not been performed since January 2014. This included equipment such as a blood pressure device.
- The practice did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Some of the emergency medicines we checked were found to be out of date and the practice disposed of these immediately. The practice did also show us that they had a full set of emergency medicines that were in date and checked regularly.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.

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 peoples' 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 showed the practice had achieved 75% of the total number of points available, with 3% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 48% compared to the national average of 88%
- The percentage of patients with hypertension having regular blood pressure tests was 80 % which was below the national average of 84%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 62% which was below the national average of 84%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We were provided with examples of audits carried out by the

practice; two of these were completed audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, an audit was performed on patients taking metformin (a medication used to treat diabetes) with renal impairment. Some patients taking metformin are at a risk of lactic acidosis if they have kidney disease. Recent action taken as a result included a regular review of these patients and some patients were taken off the medication based on their glomerular filtration rate (a test to see how well someone's kidneys are working).

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However two new members of staff had yet to receive their induction. This was due to the practice being short staffed with both members of the management team being on long term sick leave.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes. For example by accessing on line resources and through 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All established staff had undertaken an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets was also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 70%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100% and five year olds from 94% to 100%.

Flu vaccination rates for the over 65s were 79% which was above the national average of 73% and Flu vaccination rates for the at risk groups was 57% which was above the national average of 54%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.

All of the 36 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. Two comment cards mentioned that sometimes they found it difficult to book an appointment.

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

- 88% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 89%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

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 Salford CCG to secure improvements to services where these were identified.

- The practice offered later appointments on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice did not employ a female GP however the practice felt that it was not an issue as there were female nurses available who could act as chaperones when required.
- There were disabled facilities, a hearing loop and translation services available as well as online access to appointments.

Access to the service

The surgery is open from 8am until 6.30pm every Monday, Tuesday, Thursday, Friday and until 12.30pm on a Wednesday. Extended opening hours are on a Monday until 8.30pm. Appointment times are:

Monday 8.30am-11am and 3pm-8pm, Tuesday 8.30am-11am and 2.30pm – 5.30pm, Wednesday 8.30am-9.30am, Thursday 8.30am-11am and 2.30pm – 5pm, Friday 8.30am-11am and 2pm – 5pm.

The practice offered a 'walk in' clinic on a Wednesday from 8.30am until 12pm.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 64% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 74% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice were aware that patients can sometimes find it difficult to get through by phone and had identified it as a shortage of staffing issue, which the practice was trying to improve.

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.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was received with regard to waiting times. The practice told us they were discussing ideas to try and reduce how long patients would be waiting for their appointment.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The mission statement of the practice was to provide the best possible quality service for patients within a confidential and safe environment. Staff we spoke with knew and understood the practice focus.

We were also told that the practice had been actively looking for more suitable premises for some time as it was recognised by the practice that the building was not ideal for providing primary care. The practice was in talks with other GP surgeries and was considering a merger.

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.
- A comprehensive understanding of the under-performance of the practice was maintained in relation to the QOF data.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

However, we also found that:

- Arrangements were not in place for identifying, recording and managing risks. For example, in respect of the lack of a business continuity plan, control of substances hazardous to health, legionella and the maintenance and servicing of electrical and medical equipment.
- Practice specific policies were implemented and were available to all staff, however we found the policies to be incomplete and there was no evidence of reviews being performed. For example, there was a basic infection control protocol in place which we found to be insufficient and lacking in detail, for example the protocol described the personal protective equipment (PPE) should be worn but failed to describe what PPE should be worn and when it was required.

- New staff inductions were not effectively monitored to ensure staff received and were up to date with training appropriate to their role (including fire training).

Leadership and culture

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

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- 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 had gathered feedback from staff through staff meetings and appraisals. 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

Are services well-led?

Requires improvement 

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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was looking to improve staffing levels and to also improve access to appointments.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice did not have risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health.</p> <p>The practice did not ensure that legionella risk assessments were in place and that actions were implemented to safeguard patients from the risks associated with legionella bacterium.</p> <p>The practice did not have suitable arrangements in place for the service and maintenance of equipment.</p> <p>The practice did not ensure that all medicines kept on the premises were in date and suitable for use, specifically relating to medicines kept in the emergency drugs kit.</p> <p>This was in breach of regulation</p> <p>12(2)(a)(b)(d)(e)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

How the regulation was not being met:

Not all of the practice policies were dated or had review dates recorded.

There was no business continuity plan in place to allow the practice to deal with unexpected occurrences.

This was in breach of regulation

17(2)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed

How the regulation was not being met:

The registered person did not ensure recruitment arrangements included all necessary employment checks for all staff were in place. This included completing disclosure and barring service checks.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation

Reg 19(3)(a) of the Health and Social Care Act 2008
(Regulated Activities) Regulations 2014.