

# Bedford House Medical Centre

## Quality Report

Glebe Street  
Ashton Under Lyne  
Tel: 0161 330 9880

Website: [www.bedfordhousemedicalcentre.co.uk](http://www.bedfordhousemedicalcentre.co.uk)

Date of inspection visit: 8 April 2015

Date of publication: 10/09/2015

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	7
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	11
Background to Bedford House Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Bedford House Medical Centre on 8 April 2015. We found the practice was performing at a level which led to a ratings judgement of requires improvement.

Specifically, we found the practice to be good for providing caring and responsive services. It requires improvement for providing a safe, effective and well led service for the population groups we assess.

Our key findings were as follows:

- Staff spoken with told us information about safety incidents was recorded and discussed during weekly meetings.
- Staff knew to report concerns about patients' safety to a senior member of staff.
- Some improvements were needed to the way medicines were managed.
- Systems were in place to prevent and protect people from health-care associated infections.

- A range of policies and procedures were in place to support staff in their role.
- Patients with long term conditions were monitored annually for medicines or more often if needed.
- Patients were positive about the service they experienced. Patients said the practice offered an excellent service and the reception staff were helpful and polite. They said the GPs listened to what they had to say and offered excellent care.
- The CQC patient comment cards returned to us indicated that patients felt reassured by the GPs who cared for them.
- A complaint policy was available to patients so they knew what to do if they were unhappy with the service provided.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure medicines are managed safely.
- Ensure thorough staff recruitment procedures are followed when employing new staff.

# Summary of findings

- Ensure governance systems are in place that bring about improvements to the service.

In addition the provider should:

- Ensure a full cycle of clinical auditing takes place to ensure positive outcomes for patients.
- Ensure a full cycle of auditing takes place in relation to significant events to ensure positive outcomes for patients.
- Ensure all staff are aware of the whistleblowing policy to provide them with a way of reporting concerns anonymously.
- Ensure a full infection control audit is completed to assess systems in place for maintaining safe standards of hygiene in the practice.

- Ensure the record of checks made on the oxygen cylinder includes information about identifying potential faults.
- Ensure administrative staff are provided with an annual appraisal so they have opportunity to discuss their work and set targets for the future development of their role.
- Ensure the patient appointment system is reviewed so that patients are not directed to the local walk-in centre.
- Ensure patients with a learning disability are offered an annual health check.

**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.

The practice had a system in place for reporting and recording significant events. GPs told us that significant events were discussed regularly with staff so they were kept up to date with issues relating to patient safety. Records were kept of the significant events that took place however, only the outcome of the analysis had been recorded. A review date had not been logged or actions for the purpose of improving patient outcomes. Systems and processes were in place to keep female patients safe. For example, post-natal screening advice was offered to patients when required so GPs were alerted to possible postnatal depression. Although GPs met monthly to review medicines management, safety issues arose in the way these were managed. An infection control audit had not been completed to formally assess the cleanliness of the practice and to identify possible areas for improvement.

Requires improvement



### Are services effective?

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

A clinical audit undertaken in 2013 showed patients with a learning disability had not taken up health checks. No action had been taken to address this issue as health checks were not offered or completed for patients with a learning disability in 2014. One of the GPs had not undertaken audits of the minor operations and joint injections in terms of complications and infections. Also there was no documented evidence and no formal patient feedback process in place. Clinical staff had an appraisal of their work. This was not yet in place for administrative staff. Staff spoken with said they felt well supported by their line manager and other members of the team. They said they felt comfortable asking for training and they were well supported with this. Regular team meetings took place within the practice. Meeting with other health care professionals were held which ensured information was shared and staff were aware of patients' care needs.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

Patients were positive about the care they received from the staff. They commented they were treated with respect and dignity and that staff were helpful and caring. Patients felt involved in planning

Good



# Summary of findings

and making decisions about their care and treatment. Patients were provided with support to enable them to cope emotionally with the care and treatments they received. We received 26 CQC patient comment cards. Patients were positive about the service they experienced. They recorded that the practice offered an excellent service and described the reception staff as professional and polite. They said the GPs listened to what they had to say and offered excellent care. We were informed there was a person centred culture at the practice and staff worked in partnership with patients and their families.

## Are services responsive to people's needs?

The practice is rated as good for providing services responsive to patients' needs.

Patients spoken with said they had enough time during their consultation to discuss their health care issues. Patients commented they were not rushed and they felt listened to. Patients said they could get to see a GP for their choice quite easily, although some found they had to book a long time in advance. Other patients were happy to see any GP. Patients spoken with during the inspection said they were happy with the arrangements in place for their repeat prescriptions. Appointments were made available to patients on the day they contacted the practice. Longer appointments were given to patients with complex problems or when English was not their first language. Training on equality and diversity was provided to staff so they had an understanding of patients individual care needs and how best to provide for these. Multi-disciplinary working was carried out as required to ensure patients received the treatments they needed. A system was in place for handling and managing complaints and concerns. The practice manager handled all complaints in the practice, although complaints of a clinical nature were investigated by one of the GPs

Good



## Are services well-led?

The practice is rated as requires improvement for providing well led services.

The practice did not have a specific vision and strategy for the running of the practice. Information about significant events and clinical audits did not demonstrate that a full review of action plans and learning outcomes had taken place. Staff recruitment procedures were not being managed in line with good practice. Medicines were not managed safely, infection control had not been fully audited and the recruitment of staff did not reflect the practice's own procedures. There were defined lines of responsibility and accountability for the clinical and non-clinical staff and regular meetings were held for clinicians to talk about the management of

Requires improvement



# Summary of findings

the service and individual patient care issues. The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff reported that GPs and senior staff were visible and approachable. They encouraged cooperative and supportive relationships between all staff and staff reported they felt supported, respected and valued.

# Summary of findings

## The six population groups and what we found

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

### Older people

There were aspects of the practice which required improvement and this related to all population groups. Flu vaccination clinics were available to older people with a high uptake for this service. Medication reviews were carried out regularly and could be done as part of a home visit. Electrocardiograms were carried out at the surgery or in patients' own home to ensure their comfort.

Requires improvement



### People with long term conditions

There were aspects of the practice which required improvement and this related to all population groups. Regular reviews were held for patients with diabetes and asthma. Information about patients with long term conditions was shared with hospital departments as needed. Insulin initiation/titration tests were completed and dementia screening was carried out. Other health care providers were consulted to ensure patients' full care needs were met. Nurses and health care assistant's roles were being developed to meet the needs of patients particularly around chronic disease management.

Requires improvement



### Families, children and young people

There were aspects of the practice which required improvement and this related to all population groups. The practice held weekly immunisation and vaccination clinics. There was a call and recall programme for cytology. There was sexual health screening and contraception/family planning advice available. Post-natal screening advice was offered as required so GPs were alerted to possible postnatal depression.

Requires improvement



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

There were aspects of the practice which required improvement and this related to all population groups. The practice offered travel advice. Staff worked in partnership with patients to improve their health and health promotion advice was given as appropriate. Referrals to secondary care were made when necessary. Dementia screening was available.

Requires improvement



### People whose circumstances may make them vulnerable

There were aspects of the practice which required improvement and this related to all population groups. A register was kept of patients with a learning disability along with the number of patients who had a health check; however this had not taken place in the last 12 months. Appointments were made available to patients on the day

Requires improvement



# Summary of findings

they contact the practice. Longer appointments were given to patients with complex problems or when English was not their first language. Multi-disciplinary working was carried out as required to ensure patients received the treatments they need.

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

There were aspects of the practice which required improvement and this related to all population groups. The practice referred patients with poor mental health for counselling services. Dementia screenings was available and issues were highlighted through opportunistic care.

**Requires improvement**



# Summary of findings

## What people who use the service say

We spoke with 12 patients who used the service on the day of our inspection and reviewed 26 completed CQC comment cards.

The patients we spoke with were complimentary about the service. Patients told us that the staff were friendly and helpful. They said they were always treated with respect.

The comments on the cards provided by CQC were also very complimentary about the staff and the service provided. Patients described the service as very good and excellent. Patients said staff were very caring, pleasant and professional. Patients commented they were always treated with respect and the GPs were very thorough, kind and listened to what they had to say. Overall they were very happy with the standard of care and treatment they received.

We looked at the information gathered from the Friends and Family test carried out in March 2015. This patient survey asked patients how likely they were to recommend the surgery/services to friends and family. Five comment cards were completed; they all said they were 'extremely likely' to recommend the practice to friends and family.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. National GP survey results published in July 2014 indicated that the practice was best in the following areas:

- 86% of respondents to the GP patient survey described the overall experience of their GP surgery as fairly good or very good. This is the same as the national average.

- 90% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care. The national average is 85%.
- 93% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average is 90%.
- 74 % of patients gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone. The national average is 75%.

The national GP survey results published in July 2014 indicated that the practice could improve in the following area:

- 63% of respondents to the GP patient survey stated that in the reception area other patients can't overhear. The national average is 90%.
- 76% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. The national average is 82%.
- 82% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. The national average is 85%.
- 76% of patients were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours. The national average is 79%.

## Areas for improvement

### Action the service MUST take to improve

- Ensure medicines are managed safely.
- Ensure thorough staff recruitment procedures are followed when employing new staff.
- Ensure governance systems are in place that bring about improvements to the service.

### Action the service SHOULD take to improve

- Ensure a full cycle of clinical auditing takes place to ensure positive outcomes for patients.
- Ensure a full cycle of auditing takes place in relation to significant events to ensure positive outcomes for patients.

# Summary of findings

- Ensure all staff are aware of the practice whistleblowing policy to provide them with a way of reporting concerns anonymously.
- Ensure a full infection control audit is completed to assess systems in place for maintaining safe standards of hygiene in the practice.
- Ensure the record of checks made on the oxygen cylinder includes information about identifying potential faults.
- Ensure administrative staff are provided with an annual appraisal so they have opportunity to discuss their work and set targets for their development in their role.
- Ensure the patient appointment system is reviewed so that patients are not directed to the local walk-in centre.
- Ensure patients with a learning disability are offered an annual health check.

# Bedford House Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a practice nurse and an expert by experience. Experts by experience are people who have experience of using or caring for someone who use health and/or social care services.

### Background to Bedford House Medical Centre

Bedford House Medical Practice has 7285 registered patients and is part of the Tameside and Glossop Clinical Commissioning Group. The patient group is comprised of the following:

Aged 0-21 years = 24%

Aged 22-74 years = 68%

Aged 75+ years = 8%

There are 5 GPs working at the practice. 3 male, 2 partners and 1 locum and 2 female, 1 salaried GP and 1 registrar. The practice reception staff include a practice manager, a secretary, an administration assistant and six receptionists. There are 3 part time practice nurses, 2 part time health care assistants and 2 part time phlebotomists.

Bedford House Medical Practice is a training practice.

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

The surgery is open from 8am – 6pm Monday to Friday.

Go To Doc provides urgent care when the practice is closed.

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

### 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that was why we included them.

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

# Detailed findings

## How we carried out this inspection

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

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

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

- Older people

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 April 2015. During our visit we spoke with a range of staff including GP partners, the practice manager, practice nurses and reception staff. We also spoke with patients who used the service.

# Are services safe?

## Our findings

### Safe track record

The practice had a system in place for reporting and recording significant events. Significant events were discussed regularly with staff so they were kept up to date with issues relating to patient safety. Records were kept of the significant events that took place however, only the outcome of the analysis had been recorded. A review date had not been logged or actions for the purpose of learning.

Administrative staff told us there were arrangements for reporting safety incidents and accidents. Information about safety incidents was recorded and discussed during weekly meetings. Staff told us about a recent incident in relation to the fridge temperature not being monitored for 2 days. The situation was quickly reviewed by the appropriate staff and an outcome was highlighted for staff to be more vigilant with their checks. Reception staff were informed of safety alerts through the IT system. For example, changes to patients medicine prescriptions. They said there was an open culture amongst the staff team to report incidents so that matters could be addressed quickly.

Regular reviews were held for patients with diabetes and asthma. Information about patients with long term conditions was shared with hospital departments as appropriate. Dementia screening was carried out and other health care providers were consulted for advice and support to ensure patients' full care needs were met.

The pharmacy technician kept staff informed of medicine alerts by email. This ensured they were kept up to date with current changes in medicines. One of the GPs carried out work for the General Medical Council. They were aware of potential statements that came through to the practice and ensured this information was shared with clinical partners.

### Learning and improvement from safety incidents

We were informed that staff were given feedback about clinical audits during team meetings. A member of the nursing staff told us that they did not take responsibility for clinical audits; however they recently worked with the medicine management team on an audit about patient medicines. This was currently on-going.

### Reliable safety systems and processes including safeguarding

The practice had a chaperone policy and information about the availability of chaperones was on the practice website and displayed in the patient waiting area. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Clinical staff were trained to be a chaperone so they understood their responsibilities including where to stand to be able to observe the examination. Staff had completed a disclosure and barring service (DBS) check which ensured they were suitable for this role. The patients we spoke with said they had not required the use of a chaperone during their consultations. Patients spoken with during the inspection said they felt safe visiting the practice.

Reliable safety systems were in place to keep female patients safe. For example, post-natal screening advice was offered to patients when required so GPs were alerted to possible postnatal depression.

The GP who took responsibility for managing safeguarding referrals was currently on leave. A practice nurse was appointed to take responsibility for safeguarding in their absence. Staff spoken with were not sure who currently took responsibility for managing safeguarding issues, however, they knew to report any concerns to the on call GP that day. Staff spoken with had completed safeguarding training, although they were not sure to what level.

The IT system was set up to alert safeguarding issues such as looked after children.

A safeguarding policy was available to staff so they were aware of their responsibilities in relation to ensuring patients' safety and welfare. This was not dated so it was not possible to establish whether it was the most recent policy guidance.

Staff spoken with were not sure whether a whistleblowing policy was in place, although they explained that they could speak with a senior member of staff if they had concerns about patients' safety. This did not however provide them with information on how to report their concerns anonymously.

Staff were trained in basic life support skills so they knew what to do if a patient collapsed in the surgery.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators. Refrigerators were permanently

## Are services safe?

connected to the electricity mains so they could not be turned off accidentally. The refrigerator had been tested for its electrical safety and was suitable to store vaccines within recommended temperatures. The refrigerator was clean, medicine stocks were organised and the fridge was not used for any other purpose than the storage of vaccines. The temperature of the fridge was monitored daily which ensured medicines were kept at the right temperature. Vaccines were not stored securely as the fridge was not locked, nor was the room where it was located. Staff were trained on how to give vaccinations safely and a system of stock rotation was in place to ensure vaccines were managed in line with good practice.

Medicines that were needed in case of an emergency were held securely.

We saw staff were able to support patients with the safe management of their medicines. For example, medicines reviews were regularly carried out with older patients as part of a home visit.

GPs met monthly to review the way medicines were managed in the practice.

We were informed that an audit of the fridge contents took place each week and the vaccine stocks were audited every month. However, no documentation was in place to demonstrate these checks had taken place. Each GP had their own 'doctors bag' which contained medicines needed for home visits. Although GPs were responsible for checking and restocking these bags themselves, there was no formal process in place for this. In the light of these issues, the practice must improve the way they manage medicines.

### Cleanliness and infection control

Patients spoken with during the inspection said the consulting and treatment rooms were always kept clean.

Systems were in place to prevent and protect people from infections. Notices about hand hygiene techniques were displayed in staff and patient toilets. There was no sanitary bin available. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. A member of staff was allocated to take responsibility for managing infection control. An external cleaning company was used to keep the premises clean. A

cleaning schedule was in place to ensure all areas of the practice were kept clean. A cleaning schedule was also in place for cleaning specific equipment clean such as spirometers and nebulisers.

We looked around all parts of the building which we found to be clean and tidy. The cover on some of the chairs in the patient waiting area were split and mops and buckets were kept in the staff toilet. This posed some risk to cross infection for patients and staff.

Equipment such as disposable gloves and aprons was available. This was to protect staff from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms. Sharps boxes were available for the disposal of needles. Sharps bins were appropriately located and labelled. Staff had guidance on what to do in the event of an injury. The practice had access to spillage kits which enabled staff to appropriately and effectively deal with any spillage of body fluids. Single use instruments were used for minor operations and were disposed of after use.

Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Clinical staff were trained in infection control and further training in this area was planned. Infection control was included in induction training which staff completed when there were first employed so they were aware of their responsibilities and knew how to work safely.

An infection control audit had not been completed to formally assess the cleanliness of the practice and to identify any areas for improvement.

Clinical staff were offered a Hepatitis B vaccination to ensure they were protected from the risk of infection. Records of this were kept and checked at the inspection. All staff were offered an annual flu vaccination.

### Equipment

Staff told us they had access to the equipment they needed to carry out their role. Small electrical appliances were tested in February 2015 and equipment such as baby scales, glucose monitoring machines and blood pressure measuring devices were calibrated in February 2014. The practice manager was aware this check was overdue and was in the process of addressing this issue.

# Are services safe?

## Staffing and recruitment

The staff recruitment procedure demonstrated that staff would be recruited fairly. We looked at the recruitment records for the most recently employed member of clinical staff. A Disclosure and Barring Service (DBS) check and clinical registration check had been completed. Only one staff reference had been taken up before they were employed and an application form had not been completed. A formal interview had not taken place. The practice manager explained they had approached the recruitment process more informally because they knew the applicant beforehand.

Induction training was provided to staff when they were first employed so they were aware of their responsibilities and knew what was expected of them. The induction training covered issues such as health and safety, quality assurance, how to manage complaints and staffing issues such as shift patterns, sick leave and dress code.

## Monitoring safety and responding to risk

There were regular checks of equipment. Staff had sufficient support and knew what to do in emergency situations. An intruder alarm was installed in the building and fire safety checks were carried out. The practice had a health and safety policy so that staff were aware of their responsibilities and knew how to work safely.

A range of policies and procedures were in place to provide staff with guidance and information about the way the practice operated and their roles and responsibilities. Staff were provided with regular training so they kept up to date with changing care practices and were equipped to carry out their role safely.

## Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Fire safety checks were completed regularly and emergency equipment was available including oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). A record of the monthly checks carried out on the oxygen was in place, although this did not show exactly what had been checked so did not identify its condition or potential faults.

Medicines were available to support patients in the case of an emergency. Staff had completed training in dealing with aggressive patients and an alert was logged on the IT system for patients who should not be seen alone.

A practice business continuity plan was in place. This identified the plans for dealing with potential foreseeable risks and disruptions to the practice. This ensured systems were in place to monitor the safety and effectiveness of the service in the event of an incident to reduce the risk of patients coming to harm. Staff told us they had access to the information and contact numbers to divert the practice phones to individual staff mobiles if needed. Clear lines of communication were identified. The contact details of staff and utility providers were available to support staff in managing an emergency.

Incidents about emergencies were discussed during team meeting for the purpose of learning. Clinical and non-clinical staff could contribute to the meetings so they had opportunity to talk about how this affected their work and any learning for the future.

Increased demand for appointments such as seasonal sickness was managed by providing additional clinics in order to minimise impact on routine appointments. Staff would also work additional hours to cover sickness and holidays.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

A clinical audit was undertaken by a trainee GP in 2013 which indicated that patients with a learning disability were not taking up health checks. No action had been taken to address this issue as health checks were not offered or completed for patients with a learning disability in 2014.

One of the GPs had not undertaken audits of the minor operations and joint injections which they undertook in the practice in terms of any complications and infections that may arise in relation to this treatment. There was no documented evidence of this information and no formal patient feedback process was in place.

Monthly meetings took place between GPs and other health care professionals to discuss the care of patients who were at the end of their life. The practice were using statements of intent to ensure patients' wishes were respected and they received the care and treatment they had planned for.

The practice offered and initiated insulin treatments although we were unable to establish how many had been initiated in the last 12 months through documented evidence. Asthma and COPD patient care was managed through annual reviews by practice nurse.

The practice was taking part in a number of local enhanced services. For example, anticoagulation initiation and monitoring, minor surgery, insulin initiation, hospital admission avoidance and over 75 and vascular health checks.

### Management, monitoring and improving outcomes for people

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included managing long term conditions, safeguarding and palliative care. Multi-disciplinary team and palliative care meetings were held monthly. This provided staff with an opportunity to discuss and review patients' care and ensure they were receiving the necessary treatments.

Patients with long term conditions were monitored annually for medicines or more often if needed.

A recall system was in place for when parents or carers did not attend childhood immunisation clinics. The health visitor was contacted and informed of this and a letter was sent out or a phone call made to parents or carers to arrange a further appointment.

Admissions to A & E were monitored to establish the reasons for this and to look at ways of preventing this from reoccurring and so improve outcomes for patients.

The practice participated in the Quality Outcomes Framework system. This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice.

Practice nurses that ran warfarin clinics were trained to carry out this work. However, there was no protocol in place to support this work.

The practice had struggled to recruit and retain GPs as partners and as salaried GPs. They recognised many of the new locally enhanced service required other clinical staff time so had employed 3 part time practice nurses, 2 part time health care assistants and 2 part time phlebotomists.

### Effective staffing

A staff appraisal meeting had taken place with the health care assistants and nursing staff. This gave them an opportunity to meet with their line manager to discuss their work, training needs and development in their role.

Administrative staff had not yet had an appraisal of their work, although new documentation was set up for this purpose. The practice manager explained that because they knew the staff well and had worked with most of them for many years, this process tended to happen informally and no record was kept of any meetings held. The practice manager agreed with the benefits of formalising this process so that staff could establish goals for the future development of their role.

Formal supervision did not take place with nursing or administrative staff. Nursing staff confirmed they consulted with one of the GPs for advice and support as necessary. The practice manager explained that administrative issues were dealt with on an individual basis or discussed during team meetings as appropriate. They confirmed that a record of any discussion was not kept.

Staff were encouraged to attend training so they could develop in their role. Mandatory training was provided such

# Are services effective?

(for example, treatment is effective)

as health and safety and infection control along with training specific to staff roles such as IT systems for reception staff and clinical issues for nursing staff. Training was provided by both external providers and in-house by a member of the staff team. Matters for discussion and learning were a standing agenda item on the clinical team meeting. This meant staff had an opportunity to develop their skills, knowledge and experience in order to ensure effective care and treatments were delivered.

We were informed that GP revalidation was up to date.

## Working with colleagues and other services

Regular team meetings took place within the practice. Staff met regularly with other health care professionals such as diabetic specialist nurses for patients with long term conditions, health visitors, district nurses, community matrons and Macmillan nurses for patients with cancer. This ensured information was appropriately shared and staff had an opportunity discuss and plan for patients current and future care needs.

The IT system allowed for information from out of hours providers to be downloaded into clinical systems. There was a policy and process in place to share decisions made by patients for the end of their life care.

## Information sharing

Information about safeguarding alerts was shared with other health care professionals, for example queries made from health visitors. Staff understood the need to keep patients' details confidential and only shared this information on a need to know basis.

Information about the running of the practice and information pertinent to staff role was shared by email and during team meetings.

The practice had systems in place to communicate with other providers. For example, there was a system for communicating with the local out of hour's provider to

enable patient data to be shared in a secure and timely manner. There was a system in place whereby one of the GPs checked information the following day to ensure its accuracy.

## Consent to care and treatment

Patients were asked to complete a form to give their consent to minor operations. Consent for childhood immunisation was recorded in patients' notes, but no forms were completed.

If a patient was unable to consent to treatments, a review of their care needs would be made in consultation with the GP to establish whether the practice procedures were within their best interest.

Patients spoken with during the inspection confirmed they were asked for their consent before treatments were given, and they were aware they could change their mind to decisions agreed to.

## Health promotion and prevention

Patients spoken with on the day of the inspection told us that referrals to other services were done in a timely manner and they were given an opportunity to discuss their choices.

All new patients were encouraged to attend a health consultation with the practice nurse. This provided staff with an opportunity to identify any risks to a patient's health and make referrals to other services as needed.

The practice website included information about health promotion such as alcohol use, smoking, weight loss and activity and healthy eating. Links to other websites were available so patients could gain further information about healthy lifestyles. Information was available in different languages to support patients whose first language was not English. The practice was linked to a local food bank scheme and provided vouchers for patients who are identified as being in need.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The National GP survey results published in July 2014 indicated the following:

93% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. The national average is 90%.

82% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern. The national average is 85%.

We received 26 CQC patient comment cards. Patients were positive about the service they experienced. They recorded that the practice offered an excellent service and described the reception staff as helpful and polite. They said the GPs listened to what they had to say and offered excellent care.

We also spoke with 12 patients on the day of the inspection. They all told us they were happy with the standard of the service they received. They told us the staff always treated them with dignity and respect.

Staff appreciated the patient waiting area was small and discussions could be overheard by other patients. They said that if a patient needed to speak with a staff member in private, they would take them to a free room. Information about patients was stored securely to ensure their confidentiality was maintained.

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

Patients we spoke with on the day of the inspection told us the GPs and nurses explained their treatments and any risks involved. Patients said they felt listened to and were

given printed information about their condition to take home and read. Patients commented they found this very useful. Most patients said they were given options about their treatments, some said they were not given any options and others said it was not necessary.

We looked at the results of the 2014 GP patient survey. This is an independent survey run on behalf of NHS England. The National GP survey results published in July 2014 indicated the following:

90% of respondents to the GP patient survey stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care. The national average is 85%.

76% of respondents to the GP patient survey stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care. The national average is 82%.

Patients with long term conditions said they regularly received a follow-up appointment to discuss their care needs.

Patients spoken with during the inspection said referrals for secondary care were done in a timely manner and they were given opportunity to discuss their choices.

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

We were informed there was a person centred culture at the practice where the staff team worked in partnership with patients and their families. Three of the patients we spoke with on the day of the inspection told us they received good support when they suffered bereavement. One patient told us they were offered additional support and another was referred to bereavement counselling. The CQC comment cards returned to us indicated patients felt reassured by the GPs who cared for them and that the nursing staff had contributed positively to their health care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Patients spoken with on the day of the inspection said they had enough time during their consultation to discuss their health care issues. Patients commented they were not rushed and they felt listened to. Patients said they could get to see a GP for their choice quite easily, although some found they had to book a long time in advance. Other patients were happy to see any GP. Patients spoken with during the inspection said they were happy with the arrangement in place for their repeat prescriptions.

Parents who needed baby changing facilities had to use one of the treatment rooms as there were no separate facilities available.

Nurses and health care assistant's roles were being developed to meet the needs of patients particularly around chronic disease management.

An interpreter service was available to support patients whose first language was not English.

A family planning clinic was run by one of the GPs although they were currently on long term leave. An antenatal service was provided through the midwife service. Vaccinations and immunisations were provided by the practice nurses. The practice was not involved directly with the Clinical Commissioning Group (CCG). However, they took part in initiatives which involved working as a locality on enhanced services to discuss the progress of work involving patients over 75 years of age, hospital admission avoidance and having input into local nursing homes.

### Tackling inequity and promoting equality

Training on equality and diversity was provided to staff so they had an understanding of patients' individual care needs and how best to provide for these.

A register was kept of patients with a learning disability along with the number of patients who had a health check; however this had not taken place in the last 12 months. Longer appointments were given to patients with complex problems and an interpreter service was available to patients whose first language was not English. Multi-disciplinary working was carried out as required to ensure patients received the treatments they needed.

### Access to the service

We asked patients about how easy it was to make an appointment to see their GP. We received a mixed response to this issue. Some patients told us they found it easy to make an appointment although most patients expressed concerns about the difficulty they experienced in making an appointment. They explained they had to telephone the surgery early in the morning to make an appointment and if none were available, they were advised to use the local walk in centre. Patients told us that they also experienced some difficulties in making urgent appointments. Again, they said the staff advised them to use the local walk in centre in these circumstances. Staff aimed to respond flexibly to patients' needs so they could access the service. For example, same day appointments were available to patients with a learning disability and longer appointments were given to patients with complex problems. We were told there was a large demand for appointments and staff were looking into how to address this issue with appointments being monitored daily.

The practice was open from 8am to 6pm Monday to Friday. Patients spoken with on the day of the inspection told us they found the opening hours useful as they were in full time employment. However, the CQC comment cards we received indicated some patients who worked found it difficult to make an appointment as extended opening hours were not provided.

### Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. The practice manager handled all complaints in the practice, although complaints of a clinical nature were investigated by one of the GPs. A copy of the complaint procedure was displayed at the reception desk. This was not provided in any other language than English.

The patients we spoke with on the day of the inspection told us they knew how to make a complaint if they were unhappy with the service they received.

The practice website included information about the patients' complaint procedure. The website could be converted into different languages to help patients whose first language was not English.

We looked at the complaints log. We saw evidence that complaints had been managed with complainants receiving a response to their complaint.

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

A comments and suggestion box was available for patients to provide on-going feedback and the 'Friends and Family test' was available for patients to complete via the practice website or questionnaires available in the waiting area.

Staff spoken with were knowledgeable about the patient complaint policy and procedure and confirmed complaints were discussed at practice meetings. If the complaint was of a less serious nature, staff would try and address the issue immediately.

# 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 did not have a specific vision and strategy for the provision of the service, rather GPs saw the practice as being patient centred with good continuity of care. When we asked staff about the practice vision and values we received a mixed response. Staff we spoke with were not aware of a specific set of values although they reported that there was a strong work ethic in the practice and that staff treated each other with respect. Staff reported they were proactive in their work to improve the service for patients. We observed staff interacting with patients and found they were treated with dignity and respect.

During the inspection GP told us about what they thought the practice did well. The GPs saw the practice as being focussed on patient care and reported the staff group was stable with a low turnover of staff. The practice had received a gold award from Manchester University for their role in training GPs. The practice was involved in looking after patients from the local women's refuge and homeless persons centre, although no evidence was provided on the numbers registered in a year and the turnover of patients.

GPs also identified where improvements could be made in the service. They identified they had struggled to recruit and retain GP partners. Work was being developed to provide a service to patients in about eight local nursing homes. GPs identified this work as very time consuming and were in the process of reaching an agreement with local practices to look after all patients in two nursing homes each so they could concentrate on providing a better service.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. We looked at several of the policies and saw where these had been updated.

The practice had management meetings, attended by clinical staff and managers on a monthly basis. These incorporated multi-disciplinary meetings with external health and social care professionals when required, for

example for end of life care and supporting vulnerable patients. Staff told us of an open culture among colleagues in which they talked daily and sought advice from each other.

The governance systems in some areas of the running of the practice were not effective. For example, staff were not clear who currently took responsibility for managing safeguarding referrals in the absence of the GP appointed to this role. Medicines were not managed safely, infection control had not been fully audited and the recruitment of staff did not reflect the practice's own procedures. A system of staff appraisal had not yet been set up for the administrative staff and patients were being advised to use the local walk-in centre when appointments were unavailable. The nursing staff that ran the clinic to monitor patients' warfarin levels were trained to carry out this work. However, there was no protocol in place to support them with this work. Details of significant event analysis had not been recorded. Full clinical audits and the analysis of significant events had not always taken place in order to demonstrate on-going quality and improvement in patient care.

GPs had some understanding of the risks faced by the organisation, for example, financial, workforce levels and changes; however, there was no written evidence of how these were managed as a practice.

### Leadership, openness and transparency

GPs and senior staff were visible and approachable. They encouraged cooperative, supportive and appreciative relationships between all staff and staff reported they felt supported, respected and valued. There was a culture of openness and honesty, with regular meetings so staff had an opportunity to share information. While GPs took responsibility for specific roles within the practice, we could not establish a clear development strategy which included succession planning.

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

Patients' views and experiences were gathered to improve the services. The 'Friends and Family test' was available for patients to complete through questionnaires at the reception desk. The Friends and Family test gave patients an opportunity to comment on the standard of the service they received. We looked at the information collected in January, February and March 2015. Patients were asked

# Are services well-led?

Requires improvement 

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

how likely they were to recommend the practice to friends and family. Overall patients were 'extremely likely' and 'likely' to recommend the practice to their family and friends. Patients commented staff were helpful and professional and that the GPs provided a very good service. One person commented that GPs did not provide good care. Patients said they were treated with respect and kindness by staff. Comments were made about how difficult it was to make an appointment, particularly for people who worked as extended opening hours were not provided. One person felt more female GPs were needed. Three of the 13 patients we spoke with during the inspection said they had been asked about their views of the service by way of completing a questionnaire.

Regular team meetings took place and staff reported they felt their views were listened to by senior staff. There was a comments box which staff could make anonymous suggestions about the service provision.

A Patient Participation Group (PPG) was not currently in place. A PPG is usually made up of a group of patient volunteers and members of a GP practice team. The purpose of a PPG is to discuss the services offered and look at how improvements to the service could be made to benefit the practice and its patients. The practice manager told us they were not looking to pursue this group any further as in the past patients had no shown no interest.

A quality assurance survey was completed in 2014. This provided GPs and senior staff with information about what patients thought about the service and how this compared with previous years.

## **Management lead through learning and improvement**

Staff told us they were supported to maintain their clinical professional development through training. A system of staff appraisal had recently been introduced for clinical staff so they had an opportunity to talk about their training needs and development in their role. This had not yet been set up for administrative staff. Staff reported there was an open culture of learning and discussion. Staff said they had opportunity for put forward their views at team meetings and discuss any issues that were important to them. The practice has been accredited from Manchester University for having nursing students. This is a positive action on behalf of the practice in terms of teaching and staff development.

While we acknowledge that systems were in place to provide staff with opportunities for learning, some areas of the running of the practice did not demonstrate that learning and improvement had taken place. For example, full details of significant event analysis had not been recorded. While the appointments system was being monitored, reception staff were still directing patients to use the walk in centre when appointments were unavailable. Shortfalls in the way medicines were being managed had not been identified and senior staff had not instigated a full infection control audit.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

#### Regulated activity

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

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
**The provider must ensure that care and treatment must be provided in a safe way for service users by:**  
ensuring the proper and safe management of medicines.

#### 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  
**The persons employed for the purposes of carrying on a regulated activity must:**  
ensure recruitment procedures are established and operated effectively to ensure that persons employed meet the conditions in – (a) paragraph (1).

#### 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  
**The provider must ensure that systems or processes are established and operated effectively to ensure compliance with the regulations in particular:**  
assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).