

The RLC Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The RLC on 16 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and effective systems in place for reporting and recording significant events.
- Risks to patients were overall assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment, although some staff required further training in areas such as safeguarding.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Medicines were not thoroughly checked and monitored to ensure their safe use.
- Information about services and how to complain was available and easy to understand.
- Some patients said they found it very difficult to make an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse although the safeguarding procedure needs to be updated.
- Overall, risks to patients were assessed and well managed, although improvements were needed in the way patients were monitored with long term conditions such as COPD.
- All clinical rooms had a panic button so that staff could be summoned in an emergency.
- Medicines were not thoroughly checked and monitored to ensure their safe use.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average for the locality and compared to the national average. For example, 93.83 % said the last nurse they spoke to was good at treating them with care and concern. This compared to the national average of 90.58%. However, 77.24% of patients with COPD had undertaken a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. This compared to a national average of 89.9%.
- Staff assessed patients' 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.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similar to others for different aspects of care.
- 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.

Good



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 Clinical Commissioning Group to secure improvements to services where these were identified.
- Overall, patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. Some patients told us they found it difficult to book an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Good



Summary of findings

- The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Training was provided to all staff. Arrangements were being made to improve the training provision for staff at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients; urgent appointments were available for those patients with enhanced needs. However, home visits were not carried out by the nursing staff to monitor conditions, although patients would be visited by the GP for any acute health episode.
- All patients over 75 years old had a named GP.
- The building was accessible for patients who have mobility problems.
- Influenza, pneumococcal and shingles vaccination clinics were available to patients over 65 years of age.
- All nursing home patients had a care plan and were visited weekly by a nominated clinician.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long term conditions which may leave them at increased risk of hospital admission were covered by the Unplanned Admission Scheme.
- 95.9% of patients with diabetes have had influenza immunisation in the preceding 12 months. This compared to a national average of 94.45%.
- Performance for COPD related indicators was worse than the national average. 77.24% of patients with COPD had undertaken a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015). This compared to a national average of 89.9%.
- Longer appointments were available when needed.
- Home visits were not carried out by the nursing staff for monitoring purposes, although patients would be visited by a GP for any acute health episodes.
- Patients had a named GP.

Summary of findings

- Annual reviews and other monitoring were available to patients with chronic diseases and long term conditions.
- Patients with COPD were given rescue packs when appropriate, although no written information was available for them to refer to.
- Personalised action plans or care plans had not been documented in every case by the practice nurse; rather they would record handwritten instructions for patients, for example patients with asthma.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- 68.19% of patients diagnosed with asthma had an asthma review in the last 12 months. This compared to the national average of 75.35%.
- 84.59% of women aged 25-64 have had a cervical screening test in the preceding 5 years. This compared to the national average of 81.83%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a dedicated child & adult safeguarding lead. Safeguarding training had been provided to staff. Most staff were up to date with safeguarding procedures.
- We saw positive examples of joint working with midwives and health visitors.
- Midwifery services were provided weekly with easy access to GPs if needed.
- A full range of family planning services were available.
- Appointments for immunisations were available to fit around school hours.
- Emergency on the day appointments were available for children.

Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- GP and practice nurse appointments were available from 8 am.
- We were told that routine GP appointments were available to pre-book in advance. However, patients spoken with said they were unable to pre book appointments.
- Staff actively promoted NHS Health Checks, particularly for new patients.
- Appointments could be booked on line to save patients having to telephone the surgery.

People whose circumstances may make them vulnerable

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

Good



- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Most 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.
- The IT system alerted reception staff when patients failed to collect prescriptions.
- GPs worked with and referred to local support services such as drug and alcohol services.
- Patients who did not attend appointments were contacted and monitored.

People experiencing poor mental health (including people with dementia)

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

Good



- 86.61% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This compared to the national average of 84.01%.
- Annual reviews were available for patients with complex mental health needs with care plans. For example, 90.22% of patients

Summary of findings

with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in their record in the preceding 12 months. This compared to the national average of 88.47%.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Longer appointments were provided as needed.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 287 survey forms were distributed and 113 were returned. This represented 3.7% of the practice's patient list.

- 83 % found it easy to get through to this surgery by phone compared to a national average of 73.26 %.
- 84.82% were able to get an appointment to see or speak to someone the last time they tried (national average 76.06%).
- 90.31% described the overall experience of their GP surgery as fairly good or very good (national average 85.05%).
- 84.81 % said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79.28%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards. Patients were generally happy with the service they received. They said the reception staff were helpful and polite and GPs were very good. Four patients raised concerns about not being able to book an appointment and not being able to see a GP of their choice. Two patients commented there were too many locum GPs used at the practice.

We spoke with four patients during the inspection. Patients said they were happy with the care they received and thought staff were approachable, committed and caring. Two patients said they found it difficult to book an appointment.

Areas for improvement

Action the service **MUST** take to improve

The area where the provider must make improvements is:

- Medicines must be checked and monitored to ensure their safe use.

Action the service **SHOULD** take to improve

The area where the provider should make improvements is:

- Ensure all staff are trained on safeguarding procedures.

The RLC Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The RLC Surgery

The RLC Medical Practice is located in Radcliffe, Greater Manchester. The practice is part of the Redbank Medical Group which includes Redbank Group Practice and Mile Lane Surgery. The practice is located in the same building and adjacent to Redbank Group Practice. The RLC and Redbank Group Practice share the same medical, nursing and administrative / reception staff. The practice is located in a large health centre which also houses other GP practices and health care services such as a pharmacy, health visitors and an optician. There is easy access to the building including a lift and disabled facilities are provided. There is free parking next to the practice. There are two male GPs working at the practice. Both GPs are partners of the practice. There is one part time practice nurse and one part time assistant nurse practitioner. A group lead nurse is available for advice, training and guidance across the organisation. There is a full time practice manager and a team of administrative staff.

The practice is open from 8.00 am to 6.00 pm Monday to Friday. Appointment times are from 8.00 am to 12 noon and from 1.00 pm to 6.00 pm Monday to Friday (excluding Wednesday afternoon when the practice is only open for emergency appointments).

The practice is a part of the Extended Working Hours / Prime Ministers Challenge Fund. This means patients can access a designated GP service in the Bury area from 6.30 pm to 8.00 pm on weekdays and from 8.00 am to 6.00 pm at weekends and bank holidays.

Patients requiring a GP outside of normal working hours are advised to call Bury and Rochdale Doctors On Call (BARDOC) using the usual surgery number which will be re-directed to the out-of-hours service.

The practice has an Alternative Provider Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

There are 2975 patients registered with the practice.

Why we carried out this inspection

We inspected this service as part of our new 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the practice nurse, a health care assistant and two reception staff.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Carried out telephone interviews with four patients.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and identified changes for the purpose of learning. Improvements needed to be made to the review process, to demonstrate changes made were embedded in practice.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse 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, most but not all staff knew who this was. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Most staff demonstrated they understood their responsibilities in relation to safeguarding and all had received training relevant to their role. GPs were trained to Safeguarding level 3. Further training was being arranged for all staff. Most but not all staff understood the meaning of whistleblowing which further protected patients from harm.
- A notice in the waiting area advised patients that chaperones were available if required. Clinical staff acted as chaperones and were trained for the role, administrative staff acted as chaperones in their absence. They had received a Disclosure and Barring Service (DBS) check to ensure they were suitable for this role. (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 manager was reviewing the policy on DBS checks to include all administrative staff.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The assistant practitioner was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit took place in February 2016 and we saw evidence that action was taken to address any improvements identified.
- There were systems in place for managing medicines, including emergency drugs and vaccinations, but they needed to be improved. Although staff carried out a regular visual check of the vaccination stock in the fridges, the vaccine stock was not audited. While a record was kept of the date and expiry date of emergency drugs, there was no record of any regular check completed to demonstrate that medicine stocks had been monitored for their use. A record of the fridge temperature was kept, however records demonstrated that some checks had been omitted, especially over a period of staff sickness. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Prescription pads were securely stored and there were systems in place to monitor their use. While medicines were regularly ordered, there was no record kept of this.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

Are services safe?

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an emergency call bell in 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 and oxygen on the premises. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 11.9% 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 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. 95.9% of patients with diabetes have had an influenza immunisation in the preceding 12 months. This compared to a national average of 94.45%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. For example, 78.21% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less. This compared to the national average of 83.65%.

Performance for mental health related indicators was similar to the CCG and national average:

- 86.61% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This compared to the national average of 84.01%.
- 90.22% of patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in their record in the preceding 12 months. This compared to the national average of 88.47%.

Performance for COPD related indicators was below the CCG and national average. 77.24% of patients with COPD had undertaken a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. This compared to a national average of 89.9%. The GPs and practice nurse were aware of this issue and arrangements had been made to increase home visits (which would include monitoring of long term conditions) through the recruitment of more nursing staff.

Regular clinical audits took place.

- Clinical audits demonstrated quality improvement.
- There had been 2 clinical audits completed in the last two years, both of these were completed audits where lessons were learnt and changes were made. Improvements need to be made to the review process to demonstrate changes to practice are embedded.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 including locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff, for example, staff administering vaccinations and taking samples for the cervical screening programme were trained.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Staff had access to appropriate training to meet their

Are services effective?

(for example, treatment is effective)

learning needs and to cover the scope of their work. This included ongoing support during meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had an appraisal 2 years ago. The manager was aware that another appraisal should have taken place last year and was in the process of addressing this.

- Staff received training that included safeguarding, fire procedures, and basic life support and information governance awareness. The staff training programme for 2016 was currently being developed so that staff could further improve their knowledge and skills in their role.

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 were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular 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 assessed the patient's capacity and, recorded the outcome of the assessment.

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, and those requiring advice on their diet, smoking and alcohol intake. Patients were signposted to the relevant support service.

The practice's uptake for the cervical screening programme was 84.59%, which was above the national average of 81.83%

There was a policy to send reminders for patients who did not attend for their cervical screening test. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.3% to 97.8% and five year olds from 90.2% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-up appointments were available for the outcomes of health assessments and checks 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.

Most of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful and caring, and treated them with dignity and respect. Four patients raised concerns about the appointment booking system. They said they found it very difficult to book an appointment and could not get to see a GP of their choice. Two patients commented there were too many locum GPs.

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

- 83.7% of patients said the GP was good at listening to them compared to the CCG average of 89.5% and national average of 88.6%.
- 83.1% of patients said the GP gave them enough time (CCG average 88.5%, national average 86.6%).
- 92.7% of patients said they had confidence and trust in the last GP they saw (CCG average 96.1%, national average 95.2%).
- 80.52% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.34%).

- 93.83 % of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.58%).
- 85.3% of patients said they found the receptionists at the practice helpful (CCG average 86.8%, national average 86.8%).

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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.5% and national average of 86.0%
- 76.49% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81.61%)
- 90.99% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85.09%)

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.

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 Bury Clinical Commissioning Group to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were not provided by the nursing staff for chronic disease monitoring, although patients would be visited by the GP for any acute health episode.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8.00 am to 6.00 pm Monday to Friday. Appointment times were from 8.00 am to 12 noon and from 1.00 pm to 6.00 pm (excluding Wednesday afternoon when the practice was only open for emergency appointments). Extended hours were provided between 6.30 pm and 8.00 pm Monday to Friday, and at weekends and bank holidays from 8.00 am to 6.00 pm under the Healthier Radcliffe out of hours programme held within Redbank Practice.

In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

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

- 97.71 % of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 83% of patients said they could get through easily to the surgery by phone (national average 73.26%).
- 57.01 % of patients said they always or almost always see or speak to the GP they prefer (national average 36.17%).

Six of the CQC comment cards returned to us indicated that patients found it difficult to book an appointment.

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.
- A copy of the complaint procedure was available to help patients understand the complaints system.

We looked at two complaints received in the last 12 months and these were dealt with in a timely way with the complainant being kept informed of all stages of the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategy and supporting business plan which reflected the vision and values and was regularly monitored.

We spoke with two members of the reception staff and two members of the nursing staff. Most staff expressed their understanding of the core values, and provided us with examples of when GPs had met with patients outside their usual working hours.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality 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.

When there were unexpected or unintended safety incidents, the practice gave affected patients 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 senior staff and GP partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys, arranged for speakers to attend meetings and submitted proposals for improvements to the GP team. We spoke with the chairman of the PPG who told us they met with practice staff to discuss policy changes, complaint outcomes and how local initiatives such as the Healthy Radcliffe scheme impacted on the practice. The chairman of the PPG was proactive in promoting patients' views in the development of the service.

- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff spoke highly of the GPs and senior staff. They said they were approachable and always available for support and advice.

Continuous improvement

- There was a focus on improving staff training across all roles in the practice.
- A nurse practitioner within the group of practices had recently taken on the role of lead nurse for the organisation. She was responsible for supporting nursing staff with training, clinical supervision and appraisal.

Are services well-led?

Good 

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

- The practice had experienced some difficulties in recruiting GPs. In the light of this, more nursing staff had been employed and a GP / buddy system was being introduced to support them in their role.
- The nurse practitioner role was being developed to support the telephone triage service and to carry out home visits.
- Arrangements were being made to train more nursing staff to become nurse prescribers.
- Plans were being made to accept 2nd year nursing students on a four week placement during which time they would be mentored by senior nursing staff.
- The practice was aware that the performance for COPD related indicators was worse than the national average, and action was being taken to address this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not ensure the proper and safe management of medicines.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	