

# Northern Moor Medical Practice

## Quality Report

216 Wythenshawe Road

Manchester

M23 0PH

Tel: 0161 998 2503

Website: [www.northernmoor.nhs.uk](http://www.northernmoor.nhs.uk)

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We had previously carried out an announced comprehensive inspection of Northern Moor Medical Practice in December 2015 when breaches of the Health and Social Care Act 2014 were found.

Overall at the inspection in December 2015 we rated the practice as requires improvement. After the inspection, the practice submitted an action plan detailing the action they intended to take to address the identified breaches of regulations.

We undertook this inspection at Northern Moor Medical Practice on 12 September 2016 to review the action taken.

Overall, the practice is now rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

- Feedback from patients about their care was consistently positive.

We saw one area of outstanding practice:

The practice nurse had attended training with an external organisation that raised awareness of Forced Marriage and Honour Based Abuse and supported victims and survivors. This training provided knowledge and skills and was used to appropriately respond to requests from patients for help in relation to forced marriage and honour based abuse. Staff also had access to information about female genital mutilation (FGM) and various support groups patients at risk could be referred to.

The areas where the provider should make improvements are:

- Sharps bins should be dated when they are set up for use.
- A copy of the safeguarding flow chart should be displayed in all consulting rooms.
- Signage should be displayed on rooms where oxygen cylinders are stored

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



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

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

We saw evidence of formal minutes for meetings, such as practice, multidisciplinary, palliative care and safeguarding, where the needs of older people were formally discussed

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol or less in the preceding 12 months was 93%. This was above the CCG and national average of 76.82% and 77.54% respectively.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95%, which was above the CCG and national average of 87.35% and 88.3% respectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 91% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years. This was above the CCG and national average of 82.8% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice nurse had attended training with an external organisation that raised awareness of Forced Marriage and Honour Based Abuse and supported victims and survivors. This training provided knowledge and skills and was used to appropriately respond to requests from patients for help in relation to forced marriage and honour based abuse

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

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

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

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including, asylum seekers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice nurse had attended training with an external organisation that raised awareness of Forced Marriage and Honour Based Abuse and supported victims and survivors. This training provided knowledge and skills and was used to appropriately respond to requests from patients for help in relation to forced marriage and honour based abuse

## 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).

- 90.57% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, was above the CCG and national average of 86.76% and 88.47% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line or higher than national averages. 337 survey forms were distributed and 102 were returned. This represented a response rate of 30.3%.

- 87.52% of patients found it easy to get through to this practice by phone compared to the national average of 72.94%.
- 72.14% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89.7% of patients described the overall experience of this GP practice as good compared to the national average of 85.2%.

- 89.11% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive about the standard of care received. Comments included: the service is excellent, staff are exceptional, always listen and nothing is too much trouble.

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

# Northern Moor Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Northern Moor Medical Practice

Northern Moor Medical Practice is a long-established GP surgery, situated opposite Wythenshawe Park in South Manchester. There is a small car park in front of the surgery, but cars can also park on the street nearby. The practice provides services to 3169 registered patients.

The demographic area served by the practice contains a higher proportion of young people (8.4% aged 0-4, compared to the national average of 5.9%, 13.3% aged between 5-14 years, compared to the national average of 11.4% and 24.8% aged under 18, compared to the national average of 20.7%). The practice serves a lower proportion of over 65 year olds, 10.2% compared to the national average of 17.1%.

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

The practice patient population with health-related problems in daily life, is 55%, comparable to the national average of 54%. The proportion of patients who are in paid work or full time education 62.7% is also comparable to the national average of 61.5%.

The practice is part of the NHS South Manchester Clinical Commissioning Group (CCG) and services are provided under a General Medical Services contract (GMS). There are three GP partners (two male and one female), as well as two female salaried GPs. The practice also employs a female practice nurse. Non-clinical staff consisted of a practice manager and five administrative/reception staff. All staff including GPs are part time.

Northern Moor Medical Practice is a training practice for GP registrars and medical students.

The practice is open between 8am and 6pm Monday to Friday. Extended hours surgeries are offered between 6:30pm and 7pm on a Monday evening and between 7:30am and 8am on a Tuesday morning with availability with both the GP and practice nurse.

When the practice is closed, patients are able to access booked appointments with the GP federation (of which the practice is a member) from 6pm -8pm every weekday and 9.30am to 1.30pm Saturday and 10am – 12pm Sunday as well as out of hours services offered locally by the provider Go To Doc for more urgent matters.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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

## How we carried out this inspection

We undertook this inspection on 12 September 2016. This was to review action taken since the last inspection in December 2015.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that the procedure to deal with patient requests for home visits was reviewed following an incident. The incident record contained information about the investigation and what changes had been made to ensure there could be no recurrence.

### Overview of safety systems and processes

When we inspected the practice in December 2015 we found the practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe.

During this inspection carried out on 12 September 2016 we found that:

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3. Non-clinical staff were trained to level 1. All staff had attended training in relation to adult safeguarding. There were flow charts available in most consulting rooms detailing the action to be taken if abuse is suspected. However, one of the consulting rooms used by a salaried GP did not have this information.

- The practice nurse had attended training with an external organisation that raised awareness of Forced Marriage and Honour Based Abuse and supported victims and survivors. There were information leaflets available in the practice that gave details of local support groups.
- A notice in the waiting room advised patients that chaperones were available if required. Clinical staff usually acted as chaperones however, all staff were trained for the role and had received a Disclosure and Barring Service (DBS) check so they could cover in the event of an emergency. (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 employed a cleaner and maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

- An effective system was in place for the collection and disposal of clinical and other waste. However, we found some sharps bins had not been dated to show when they were set up.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). GPs had access to a home visit bag which was checked at the same time as the emergency medicines.
- There were two oxygen cylinders available for use in the event of a medical emergency and all staff knew where these were stored. However, we found the rooms in which the oxygen cylinders were stored did not have warning notices on the doors.
- The practice had a system in place to monitor that medicines requiring refrigeration were stored within the permitted temperature range (between +2° and +8° Celsius).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice was participating in a medicines management pilot scheme and had appointed a practice pharmacist. The pharmacist carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patients on the palliative care register were reviewed and records updated at monthly multi disciplinary team MDT meetings and there was a system to ensure reviews were carried out at least quarterly.
- There was a system of call and recall, using 'Patientchase' one letter/appointment for all long term conditions which included three invitations.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.
- We reviewed the personnel files of the three most recently appointed staff and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, indemnity insurance and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills; the most recent drill was carried out in August 2016. One of the receptionists was the trained fire warden.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Medical equipment such as, blood pressure monitors and scales were calibrated on a regular basis to ensure they were accurate.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Basic life support update training was booked for December 2016.

## Are services safe?

- The practice had a defibrillator available on the premises and two oxygen cylinders with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been reviewed in April 2016 and was held off site by staff and included emergency contact numbers for staff and service providers such as utility providers and emergency contractors.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available.

At 12.9% the practice clinical exception reporting rate was higher than the local CCG average of 11.1% and national average of 9.2%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

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

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 92.79%, compared to the CCG and national average of 76.82% and 77.54% respectively.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 98.29%, with the CCG and national average of 93.36% and 94.45% respectively.

Performance for mental health related indicators was comparable to or above the national average.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90.57% with the CCG average of 86.76% and National average of 88.47%.
- 85% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months compared with the CCG and national average of 86.43% and 89.55%.
- 90.48% of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months compared to the CCG average of 84.05% and national average of 84.01%.

The practice held two specialist mental health clinics, a fortnightly drug rehabilitation clinic and fortnightly benzodiazepine reduction clinic.

- There was evidence of quality improvement including clinical audit.
- There had been three clinical audits completed in the last two years, all of these were completed two or three cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the appointment of a practice pharmacist. The practice pharmacist had been focussed on developing a prescribing policy and undertaking medication reviews. We saw that patients prescribed four or more medicines underwent a systematic review. The medication audits showed some improvements in prescribing and identified where further improvements could be made.

### Effective staffing

When we inspected the practice in December 2015 we found appropriate recruitment checks were not consistently carried out prior to the employment of staff. There was no system in place to monitor and ensure that clinical staff were appropriately registered with the relevant professional bodies. Disclosure and Barring Service (DBS)



# Are services effective?

## (for example, treatment is effective)

checks that had been carried out and identified issues had not resulted in risk assessments being carried out to mitigate against risks posed to patients. At this inspection we found:

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

- There was an updated recruitment policy in place and there was evidence that all required checks had been completed as required.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example the practice nurse had attended training in relation to cervical smear taking, spirometry and diabetes management. The practice manager had attended employment law training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of Bluestream e-learning training modules and in-house training.
- All staff had completed awareness training in domestic violence and female genital mutilation (FGM).

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.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services or after they were discharged from hospital.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice nurse carried out long term care reviews. Where required the practice nurse referred to other health care professionals such as; pulmonary rehab, ASPIRE respiratory team, expert patient programme to promote self-management, and the physical activity referral service (PARS).
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. In addition multi-disciplinary team meetings were held to review child protection plans (CPP), children in need (CIN), looked after children (LAC) and patients experiencing domestic violence.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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



# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and the physical activity referral service (PARS).
- The practice worked closely with the Learning Disability Partnership and information for people living with a learning disability was provided in an easy to read format.

The practice's uptake for the cervical screening programme was 76.3%, which was above the CCG average of 68.9% but below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using a system of call and recall using Patientchase one letter/appointment for all long term conditions which included three invitations. They ensured a female sample taker was available. The practice

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

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.5% to 90.4% and five year olds from 77.2% 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-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Both patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example published data for January 2016 showed:

- 91 % of patients said the GP was good at listening to them compared to the CCG average of 89.9% and the national average of 88.6%.
- 92 % of patients said the GP gave them enough time compared to the CCG average of 89.1% and the national average of 86.6%.
- 95.8% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95.8% and the national average of 95.2%.
- 84 % of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85.43%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90.68%.
- 100% of patients said they had and trust in the last nurse they saw or spoke to compared to the CCG average 96.7% and national average of 97.1%.
- 94.9% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 84.5% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and the national average of 86%.
- 84.38% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.8%.
- 89.29% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format. These included; diabetes, healthy eating and support for cancer patients.

## Are services caring?

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example:

- The practice offered extended hours to meet the needs of patients who worked and could not attend during normal opening hours.
- On Mondays one GP carried out telephone consultations from 6.30pm until 7pm. On Thursdays another GP and the practice nurse offered additional appointments from 7.30am until 8am.
- There were longer appointments available for patients with a learning disability.
- The primary care mental health team had the use of a room at the practice and offered counselling and cognitive behavior therapies.
- A mental health link worker attended the practice to review patients on antipsychotic medication.
- One of the GP partners was the mental health lead for South Manchester CCG and supported patients with complex care needs.
- The practice worked closely with care homes and supported living schemes in the area.
- The practice had links with the National Autistic Society and a Learning Disability nurse attended Multi-Disciplinary Team meetings periodically to discuss patient care needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had links with a local 'Fit4Work' scheme to support those who have been out of the work environment for some time.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. On the day of the inspection there were a number of appointments available for the morning and afternoon sessions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- The practice offered sexual health checks for young people for example, 'are you clear' a test to check for chlamydia.
- There were disabled facilities such as a level entrance and accessible toilet.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Extended hours surgeries were offered between 6.30pm and 7pm on a Monday evening and between 7.30am and 8am on a Thursday morning with both the GPs and practice nurse. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice registered patients who had no fixed abode using temporary address such as a friend or the practice address. In addition the practice had a number of asylum seekers registered as patients.

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

- 78% of patients were satisfied with the practice's opening hours compared to 75% CCG and national average of 78%
- 86% of patients said they could get through easily to the practice by phone compared to 66% CCG and the national average of 73% .
- 94% said the last appointment they got was convenient compared to 90% CCG and the national average of 92%
- 87% of patients said their experience of making an appointment was good compared to 67% CCG and the national average of 73%
- 72% of patients said they didn't normally have to wait too long to be seen compared to 57% CCG and the national average of 58%

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

The practice had a system in place to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

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

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system for example; there was a summary leaflet available at reception.
- There was a patient suggestion box which was clearly visible in the reception area.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in an open and timely way.. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, there were two complaints regarding patients not being offered an appointment/home visit. These complaints had resulted in staff training to avoid similar incidents occurring again.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

### Governance arrangements

During the inspection in December 2015 we found there were shortfalls in the systems and processes in place to identify, assess, monitor or manage risk to patients or staff. There was not an appropriate range of policy documents in place to govern activity nor was a system in place to manage these documents.

When we inspected the practice on 12 September 2016 we found:

The practice had implemented 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 updated and 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 comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- At each staff meeting two practice policies were discussed to ensure they were embedded into practice.

### Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings. We saw a sample of minutes confirming clinical meetings were held on a monthly basis with full team meetings every eight weeks. In addition multi-disciplinary meetings were held monthly with other professionals such as; health visitors and palliative care nurses.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, by the GPs and the practice manager. 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

# Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group with 22 members who communicated via email rather than face to face.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice team had been recognised for their work supporting trainee GPs, having been awarded a Quality Teaching Practice Gold award in 2014/15.

## Continuous improvement

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