

# Dr BN Macdonald & Partners

## Quality Report

Barrington Medical Centre  
68 Barrington Road  
Altrincham  
Cheshire  
WA14 1JB

Tel : 0161 928 9261

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

Date of inspection visit: 15 March 2018

Date of publication: 24/04/2018

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	

# Key findings

## Contents

### Key findings of this inspection

Letter from the Chief Inspector of General Practice	Page 2
Areas for improvement	4
Outstanding practice	4

### Detailed findings from this inspection

Our inspection team	5
Background to Dr BN Macdonald & Partners	5
Detailed findings	6
Action we have told the provider to take	17

## Letter from the Chief Inspector of General Practice

**This practice is rated as Good overall.** (Previous inspection 10/02/2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Barrington Medical Centre (Dr B N Macdonald and Partners) on 15 March 2018.

At this inspection we found:

- The practice had clear systems to manage risks so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had an effective programme of continuous clinical and internal audits. The audits demonstrated quality improvements and staff were actively engaged in monitoring and improving patient outcomes as a result.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- Staff involved patients and treated them with compassion, kindness, dignity and respect.

# Summary of findings

- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had virtual patient participation group.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw an area of outstanding practice:

- The practice offered a considerably enhanced service to identify and manage patients with pre-diabetes and/or gestational diabetes before the condition became enhanced. In-house diabetic clinics were personalised and there was a close working relationship with GPs and nurses to the benefit of the patients. One of the administration staff had a systematic review and recall arrangement and ensured that attendance of appointments was monitored. Appointments were co-ordinated with other chronic diseases to minimise the amount of disruption to patients. The length of appointment ranged from 20 minutes to 80 minutes dependent on the requirements and patients and carers could attend appointments together. In addition a supportive information pack had been pulled

together on the initiative of one of the clinical staff. It contained leaflets about management and control, a range of contact numbers, a six week guide, and magazines sourced from different diabetes support groups.

The areas where the practice should consider improvements are as follows :

- The practice should ensure that all staff who are performing chaperone duties have undergone a Disclosure and Barring Service (DBS) check or risk assessment.
- The practice should endeavour to structure meeting agendas so that items such as significant events, complaints, safeguarding and governance issues are consistently raised for discussion.
- Information on the website was outdated and would benefit from a review. For example the complaints policy mentioned the Healthcare Commission and PCT which no longer exist.

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

# Key findings

## Areas for improvement

### Action the service **SHOULD** take to improve

The areas where the practice should consider improvements are as follows :

- The practice should ensure that all staff who are performing chaperone duties have undergone a Disclosure and Barring Service (DBS) check or risk assessment.
- The practice should endeavour to structure meeting agendas so that items such as significant events, complaints, safeguarding and governance issues are consistently raised for discussion.
- Information on the website was outdated and would benefit from a review. For example the complaints policy mentioned the Healthcare Commission and PCT which no longer exist.

## Outstanding practice

We saw an area of outstanding practice:

- The practice offered a considerably enhanced service to identify and manage patients with pre-diabetes and/or gestational diabetes before the condition became enhanced. In-house diabetic clinics were personalised and there was a close working relationship with GPs and nurses to the benefit of the patients. One of the administration staff had a systematic review and recall arrangement and ensured that attendance of appointments was monitored. Appointments were co-ordinated with other chronic diseases to minimise the amount of disruption to patients. The length of appointment ranged from 20 minutes to 80 minutes dependent on the requirements and patients and carers could attend appointments together. In addition a supportive information pack had been pulled together on the initiative of one of the clinical staff. It contained leaflets about management and control, a range of contact numbers, a six week guide, and magazines sourced from different diabetes support groups.

# Dr BN Macdonald & Partners

## 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 an expert by experience.

## Background to Dr BN Macdonald & Partners

Dr B N Macdonald and Partners are the registered providers and provide primary care services to their registered list of 7289 patients. The practice delivers commissioned services under the General Medical Services (GMS) contract and is a member of Trafford Clinical Commissioning Group (CCG). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services,

family planning, surgical procedures and the treatment of disease, disorder and injury. Regulated activities are delivered to the patient population from the following address:

Barrington Medical Centre 68 Barrington Road Altrincham Cheshire WA14 1JB

The practice is situated in an area at number ten on the deprivation scale (the lower the number, the higher the deprivation with the lowest number being one). People living in less deprived areas tend to have different needs to those living in more deprived areas.

The male life expectancy for the area is 80 years compared with the national average of 79 years. The female life expectancy for the area is 84 years compared with the national average of 83 years.

This is a teaching practice where students from the medical school of Manchester University who are training to be doctors can receive education.

The practice has a website that contains comprehensive information about what they do to support their patient population and provides details about the in-house and online services offered. The website can be found at [www.barringtonmedicalcentre.co.uk](http://www.barringtonmedicalcentre.co.uk) and requires a review to include up to date information.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff had received IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).
- The practice worked with other agencies to support patients and protect them from neglect and abuse
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were in place for all clinical staff and risk assessments had been undertaken for non-clinical staff. (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 limited chaperone duties to clinical staff wherever possible. However, one of the reception staff had undertaken the role on occasion and required DBS checks if this was to continue in the future. The practice told us that DBS checks were underway for all non-clinical staff and that non-clinical staff would not be used to chaperone until their checks had been returned.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. Staff had received up to date training. Infection control audits were undertaken at the practice regularly and the CCG lead for infection control

also carried out audits. We saw that significant improvements were made from the previous CCG audit where the practice received less than 50% to the most recent where the practice received 89%.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed and this was regularly reviewed.
- There was an effective induction system for permanent and temporary staff which was tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis (a life-threatening condition that arises when the body's response to infection).
- When there were changes to services or staff the practice assessed and monitored the impact on safety and adjusted their actions accordingly.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

## Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered and supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice informed patients via their website and in-house information screens about prescribing of antibiotics and other things happening within practice.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped the staff to understand risks and gave a clear, accurate and current picture that led to safety improvements. We saw many examples where action had been taken to reduce risks within the practice to both staff and to patients.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of hypnotic prescribing by the practice was less than one unit per day. This was comparable to other practices in the Clinical Commissioning Group (CCG) and nationally.
- Antibiotic prescribing by the practice was less than one unit per day. This was comparable to other practices in the CCG and nationally.
- The percentage of antibiotic items that were Cephalosporins or Quinolones prescribed by the practice was 11%. This was comparable to other practices in the CCG and nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 68% (CCG 77%, National 76%). This was a negative outlier and the practice was able to evidence that action had been taken to improve. Figures at the time of the inspection showed that the percentage of patients reviewed in the preceding 12 months was 94% which was in line with the CCG and national averages.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 82% (CCG 78%, National 78%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was five mmol/l or less was 78% (CCG 81%, National 80%). The practice was able to evidence that this figure had risen at the time of the inspection to 88%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 78% (CCG 91%, National 90%). The practice was able to evidence that this figure had risen at the time of the inspection to 97%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 87% (CCG 82%, National 83%).

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 99% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.



# Are services effective?

## (for example, treatment is effective)

- The practice held clinics with a variety of start and finish times to ensure that appointments were available at accommodating times.
- Child health surveillance clinics were held at times to accommodate those with school age children.
- The practice hosted a weekly midwife clinic to support patient convenience and enable promotion of flu and pertussis vaccinations appropriately.
- A coil and implant service was introduced in September 2017 and was well attended.

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

- The practice's uptake for cervical screening was 77%, which was comparable to the CCG average of 76% and the national coverage target of 72% for the national screening programme.
- Patients had access to appropriate health assessments and checks. There was appropriate follow-up on the outcomes of health assessments and checks where abnormalities or risk factors were identified.
- There was a policy that patients were seen by the same GP ongoing wherever possible to ensure joined up management.
- The practice promoted online access in several ways and a patient leaflet had been devised to explain the process.
- The practice offered twice the amount of contracted extended hour slots per week (30 offered) and all six GPs participated in this service.
- A minor operations clinic was offered twice monthly for joint injections and shave excisions.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including and those with a learning disability.
- All staff were trained in domestic abuse and a common referral process had been embedded. The domestic abuse service was promoted in the waiting room.

People experiencing poor mental health (including people with dementia):

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- 61% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the CCG average of 90% and the national average of 90%. The practice was able to evidence how this figure had improved to 88% at the time of the inspection.
- 56% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was lower than the CCG average of 90% and the national average of 90%. The practice was able to evidence that this had increased to 89% at the time of the inspection.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Clinical and administration staff took part in local and national improvement initiatives.

- The most recent published Quality Outcome Framework (QOF) results were 88% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 93%. The overall clinical exception reporting rate was lower than average at 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice was not an outlier for any indicators.
- We saw many examples where the practice used information about care and treatment to make improvements. A significant event highlighted that a number of urine samples were having to be returned because of patient error. A member of staff noticed that the instructions on the pack were very complicated and so created a simpler version. This in turn reduced the number of samples having to be redone.
- The practice was actively involved in quality improvement activity. For example we reviewed a multitude of clinical audits in different cycles of review.

# Are services effective?

## (for example, treatment is effective)

- Where appropriate, clinicians took part in local and national improvement initiatives.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with
- Staff had access to and made use of e-learning training modules and in-house training, including all staff completing the Care Certificate.
- All GPs had completed safeguarding training to a level three. Clinical and administration staff had completed safeguarding to levels appropriate to their roles. All staff had attended IRIS training (IRIS training is an intervention to improve the health care response to domestic violence and abuse).

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The percentage of new cancer cases (among patients registered at the practice) that were referred using the urgent two week wait referral pathway was 57% compared to the CCG average of 51% and the national average of 51%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice had created a wide suite of leaflets bespoke to the practice that were available online and in the patient waiting room. These leaflets had an emphasis on supporting, informing and educating patients on a number of health related issues.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 23 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 eleven patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. One person reported they were dissatisfied with the level of service received.

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

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG - 88%; national average - 86%.

- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 87% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 87%; national average - 86%.
- 99% of patients who responded said the nurse was good at listening to them; CCG - 94%; national average - 92%.
- 99% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 91%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals. GPs understood that the needs of children were important and would discuss matters with them after assessing their capacity, if they requested consultations without their parents or guardians present.

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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

## Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 92%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

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

- Most of the patients registered at the practice were white British. However, members of staff demonstrated how they would help patients who did not have English as a first language either through the internet and/or interpretation services.
- Service specific information leaflets were available in easy read format for patients that required them.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice had a policy that patients were seen by the same GP ongoing wherever possible, particular with regards to a specific condition under management. They found that this approach promoted continuity of care and encouraged patient involvement.
- GPs and other clinical staff got involved in flu clinics and dress down days and took the opportunity to discuss any concerns with patients who did not attend the surgery on a regular basis.

### 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. In addition a number of bespoke practice developed leaflets provided patients with support, information and education on a number of long term conditions.
- Support for isolated or house-bound patients included signposting to relevant support and volunteer services.
- Housebound patients were visited annually by the practice nurse team to administer flu vaccinations and other long term condition checks such as diabetes, blood pressure and asthma reviews.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified more than 2% of the practice list as carers. One of the administration team regularly updated the information and was familiar with the families and their requirements. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. Carers who were patients, and caring for family members who were also registered at the practice, were offered joint appointments.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered a considerably enhanced service to identify and manage patients with pre-diabetes and/or gestational diabetes before the condition became enhanced. In-house diabetic clinics were personalised and there was a close working relationship with GPs and nurses to the benefit of the patients. One of the administration staff had a systematic review and recall arrangement and ensured that attendance of appointments was monitored. Appointments were co-ordinated with other chronic diseases to minimise the amount of disruption to patients. The length of appointment ranged from 20 minutes to 80 minutes dependent on the requirements and patients and carers could attend appointments together. In addition a supportive information pack had been pulled together on the initiative of one of the clinical staff. It contained leaflets about management and control, a range of contact numbers, a six week guide, and magazines sourced from different diabetes support groups.
- Nurses undertook home appointments and regular search audits were undertaken to ensure prevalence was maintained.
- The practice offered 30 extended hours per week (twice the contractual requirement) and all six GPs participated in the service. Patients were also able to access extended hours at the weekends via the Trafford Hub.
- There were longer appointments available for patients with a learning disability.
- Patients with diabetes (or pre-diabetes) had access to specific clinics three times a month with appointment times ranging in length from 20 minutes to one hour.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they could understand and received appropriate support to help them to communicate.
- A minor operations clinic was accessible for joint injections and shave excisions.
- A coil and implant service was available from September 2017.
- Patients with learning disabilities received health checks with GP and nurse input at appointments of 40 minutes or more which were personalised according to the patient's particular requirements. Easy read, pictorial invitations had been created for the annual health check appointment.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments were offered on Wednesdays and Thursdays. Saturday appointments were available from 8.30am until 1.30pm at the Trafford Hub and appointments were pre-bookable via the practice reception. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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



# Are services responsive to people's needs?

## (for example, to feedback?)

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to CCG average of 78% and the national average of 71%.
- 90% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 88% and the national average of 84%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 83% and the national average of 81%.
- 81% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 58% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

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

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. There was no triage system and patients were able to speak directly to a GP to assess this need. 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 a system 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. Poster and leaflets had been made available and were displayed at reception. However the information on the practice website was outdated and needed review.

We looked at four complaints received in the last 12 months and found clear evidence that people were supported and the complaint was managed appropriately. We saw that the complaints were investigated and lessons were learned from individual concerns and also from analysis of trends. Where possible, action was taken as a result to improve the quality of care. For example we saw that all complaints (whether upheld or not) were discussed to see if changes could be made. If changes were not possible the patient was contacted to explain what had been done and how they could achieve a better outcome in the future.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. There was a five year development plan for the growth of the practice.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- We found the practice strived to adhere to their mission statement and description.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of its patient population.
- They were looking at ways to engage further within the local community.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However some information on the website was not up to date.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

# Are services well-led?

Good 

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

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was a virtual patient participation group. The group undertook regular patient surveys and provided feedback to the practice. However, the information on the website required updating.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. All members of staff were encouraged to receive and promote education within the practice with example seen of nurses sharing information and educating GPs about long term conditions.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.



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.

This section is primarily information for the provider

## Enforcement actions

### 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.